To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

(Month)

(Day)

(Signature of Circulator)

| THE MUNICIPALITY USED FOR MAILING  | G PURPOSES, WHEN DIFFERENT THAN MUNICIPA | ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU                          | NICIPALITY OF RESIDENCE MUST ALWAY                                 | 'S BE LISTED.                     |                | PO I<br>Mad        |
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| PRINTED NAMES OF ELECTORS          | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.     | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                   |                | CON                |
| 1. Somrang Phommachack             |  | Street: 3016 Pundy Station Pl  | ☐ Town ☐ Vijlage # 1   | 12/9/20//<br>(Month) (Day) (Year) | Email          |                    |
| 2                                  | The following                            | Car: Pitchburg W 21p:537/9   | City Hitchsey  | (Month) (Day) (Year)              |                | )_                 |
| 2. ANNE MARKES                     | a me Mores                               | Street: 425 Engelhart Dr.  | Town Village MADISON   | 12/2/2011<br>(Month) (Day) (Year) | Email<br>Phone |                    |
| 3.                                 | 7710                                     | city: 1420; 500, W1 zip: 53713   |  |                                   | Email          | )                  |
| Ros Chumanor                       | Call                                     | Street: 6302 Lekemen 3/76  City: Middle 1017 zip: 53562                            | Town Uvillage Myddlylon  | (Month) (Day) (Year)              | Phone          |                    |
| 4.                                 |  | 11705 TAME to  | □ Town   | 1/0/ 10                           | Email (        |                    |
| Anne Kierce                        | anexiera                                 | City: MAN SON Zip: 53.764  | Village Racity Madison   | (Month) (Day) (Year)              | Phone (        |                    |
| 5.                                 |  | Street: 5982 EKES Dr   | Town   | 1/5/2012                          | Email          |                    |
| Thomas I EVEN<br>6.<br>DANA FECINA | The h                                    | chy: Lavalle zip: 53941  | O'Village Oin Field  | (Month) (Day) (Year)              | Phone (        |                    |
| 6.                                 |  | Street: 2690 RESEARCH DARKT  | Town   | 1/5/2012                          | Email          |                    |
| DANA FECINA                        | D 4                                      | City: FITCHBURE Zip.53741  | O Village Ocity FITCH BURG   | (Month) (Day) (Year)              | Phone (        | )                  |
| 7.                                 |  | Street:  | □ Town   | / /20                             | Email          |                    |
|                                    |  | City: Zip:   | □ Village □ City   | (Month) (Day) (Year)              | Phone          |                    |
| 8.                                 |  | Street:  | ☐ Town   | 1 /20                             | Email          |                    |
|                                    |  |  | □ Village □ City   | / /20<br>(Month) (Day) (Year)     | Phone          |                    |
| 9.                                 |  | City: Zip:   | □ Town   | 1 1                               | Email          |                    |
|                                    |  | Street:  | - □ Village<br>□ City  | / /20                             | Phone          |                    |
| 10.                                |  | City: Zip:   |  | (Would) (Day) (Teal)              | Email          | _)_                |
|                                    |  | Street:  | ☐ Town ☐ Village   | / /20                             | Phone          |                    |
|                                    | C  | City: Zip:   | □ City   | (Month) (Day) (Year)              | 1 Hole         | )                  |
| JOHN COCALL                        | <b>S</b>                                 | n of Circulator<br>entify): I reside at 51 いかり BROOK WAY                           | FITCHBU  | e E                               |                |                    |
| (Name of Circu                     |  | ertify): I reside at S / 6330 D3-8012 V / (Circulator's Residence - Street name an | <del></del>  | Municipality)                     | Circulator     | r <b>s</b> , pleas |

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective esidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILIN | NG PURPOSES, WHEN DIFFERENT THAN MUNICIP | PALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU                        | NICIPALITY OF RESIDENCE MUST ALWAY                                 | 'S BE LISTED.                      | Į           |
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| PRINTED NAMES OF ELECTORS        | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                    |             |
| 1. Jeff<br>MEIERS                | Leffrey Meiers                           | Street: 2012 FOREST AVE City: BELOIT Zip: 53511                                   | Town Village BCity BELOIT  | 12/13/20[[<br>(Month) (Day) (Year) | Email Phone |
| 2.                               |  | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)          | Email Phone |
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| 4.                               |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)          | Email Phone |
| 5.                               |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20                              | Email Phone |
| 6.                               |  | Street:  City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)          | Email Phone |
| 7.                               |  | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)          | Email Phone |
| 8.                               |  | Street:  City: Zip:   | □ Town □ Village □ City  | / /20                              | Email Phone |
| 9.                               |  | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)          | Email Phone |
| 10.                              |  | Street:  City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)          | Email Phone |
| WILLIAM DYSGO                    |  | on of Circulator certify): I reside at 7/30 VALHALLA                              | TRL. CITY OF W   | 1AD1500                            | Circulate   |

| - 1  |  |                          |  | ∤ ∐ Village                    | / / 40               |
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| - 1  | Certification  | n of Circulator          |  |                                |                      |
| [, _ |  | ertify): I reside at _   |  |                                | OF MADISON           |
|      | (Name of Circulator)  resonally circulated this recall petition and personally obtained each of the signatures on this paper. Thenow the paper with full knowledge of its content on the date indicated opposite his or her name I know their respective.  |                          |  | officeholder named in this pet |                      |
| ne j | paper with full knowledge of its content on the date indicated opposite in or the harder knowledge of its content on the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the date indicated opposite in or the harder knowledge of its content of the date indicated opposite in or the date indicated opposite in order to be a supposite in order to be | ve residences given. I s | support this recan pertuon, i ani aware that faisi yii | r = -                          | Page No Poffe A Day) |
| _    | (Month) (Day) (Year)   | (Signature of C          | 'irculator)  | 1<br>1<br>1                    | #                    |
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| Article XIII, Section 12 of the Wisconsin Con | stitution and S.9.10 of the Wisconsin Statu | ıtes.   | · · · · · · · · · · · · · · · · · · ·                              |                                     |             | OB       |
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| THE MUNICIPALITY USED FOR MAILING             | PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT   | ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                          | NICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                        |             | 1adi     |
| PRINTED NAMES OF ELECTORS                     | SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                     | С           | ONT      |
| 1. Salvatore Braice                           | Swann                                       | Street: 7317 Whitacre Rd  | Town Willage Madison   | 12/18/20/1                          | Email Phone | -        |
| 2   | T   | City: Medison zip: 537/7  | City   | (Month) (Day) (Year)                | Email       | )        |
| Teresa Ederer                                 | Rusa Eddin                                  | Street: 224 ASH St. ADT 4  City: Scyk City zip: 53583                             | Town Uyillage Sauk   | (Month) (Day) (Year)                | Phone       | <u> </u> |
| 3. RAJARAM GOPALAN                            | litifanz                                    | Street: 7821 THINFLOWER DR  | Town MADISON  City   | 1/8/2012                            | Email Phone |          |
| 4.  |   | city: MAOISON zip: 53719  | Z CRy  | (Month) (Day) (Year)                | (<br>Email  | )        |
| Debrakanter                                   | Debrakant                                   | Street: 7849 TWN Hower D  | Town O'llage Defry Made  | (Month) (Day) (Year)                | Phone (     |          |
| 5. Robin Libauski                             | DAISTO                                      | Street: 1838 TWILFROMEN BULL  | □ Town □ Village □ P-City  | (Month) (Day) (Year)                | Email Phone |          |
|   | Pot 11                                      | Cio: Mad Son W 200: 537/9   | Town   |                                     | Email       | )        |
| · CarylETerrell                               | Constell                                    | Street: 14 Ked Maple Frail City: Madi3m W/ zip: 53717                             | Village Med 13000  | 1 /8 /20 /2<br>(Month) (Day) (Year) | Phone (     | )        |
| 7. RONDA SAUER                                | Roma Seuce                                  | Street: 10 LOON LA  | □ Town □ Village  M Circ M A D G = 1                               | 1/11/20/12                          | Email Phone |          |
| 8.  | <i></i>                                     | City: MADISON W1 zip: 53717   | ACity MADISON  | (Month) (Day) (Year)                | Email       | )_       |
| Christopher R. Marcell                        | Christopher R. Marcell                      | street: 8410 Red Granite Rd   | Town Village  City  A A Cop  | ////20/ <u>A</u>                    | Phone       |          |
| 9.  | V   | city: Madison, WI zip: 53719  | 111001501  | (Month) (Day) (Teal)                | Email (     | )        |
| ,   | !<br>I                                      | Street:   | ☐ Town ☐ Village   | / /20                               | Phone       |          |
| 40  | - 1   | City: Zip:  | City   | (Month) (Day) (Year)                | (           | )_       |
| 10.   | I   | Street:   | ☐ Town ☐ Village   | / /20                               | Email       |          |
|   | 1   | City: Zip:  | City   | (Month) (Day) (Year)                | Phone (     | )        |
| 16 T. 1                                       | Certification o                             | of Circulator   | 53717  |                                     | <del></del> |          |

|            |                               |  |  | Street:<br>City:                             | Zip:  | ☐ Town☐ Village☐ City   | / 20   |  |
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|            | # 1                           | 1 - 1  | Cer                                      | tification of Circulator                     |   | 53717                   |  |  |
| , <u> </u> | hary 1 2                      | z lerbell  |  | (certify): I reside at 19                    | Rei Maple Trail, 1                          | Udisin                  | City of Kidison  |  |
|            |                               | (Name of Circul  |  | (C   | irculator's Residence – Street ham          | ne and Number).         | (Circulator Municipality)  |  |
| pe         | rsonally circulated this reca | all petition and personally obta<br>of its content on the date indic | ained each of the signatures on this pay | per. I know that the signers are electors of | the jurisdiction or district represented by | by the officeholder nam | ned in this petition. I know that each person signed on is punishable under S.12.13(3)(a), Wis. Stats. |  |
|            | 1 ,                           | 13 /20/2   | and W                                    | Tinell                                       | it this recan petition. I am aware that it  | usnymg uns ceruncatio   |  |  |
|            |                               | (Day) (Year)   |  | (Signature of Circul                         | ator)                                       |                         | Page No. (Official Use Only)   |  |
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| PRINTED NAMES OF ELECTORS    | SIGNATURES OF ELECTORS                 | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING               |             |
| Jayanth Iyangar              | Joyan dy                               | street: 209 N Westfield Rd  City: Madison zip: 53717                           | 7 Defiy Madizon  | (Month) (Day) (Year)          | Phone (     |
|                              |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)     | Email Phone |
|                              |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year) | Email Phone |
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|                              |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)     | Email Phone |
| Caryl E. Terrell             | Certification                          | n of Circulator  ertify): I reside at 19 Red Naple Trail, Madis                |  |                               | <del></del> |

|      |                           |                                    |  | City:                                       | Zip:  |   | (Month) (Day) (Year)                  |
|------|---------------------------|------------------------------------|--|---|---|---|---------------------------------------|
|      | 9.                        |                                    |  | Street:                                     |   | ☐ Town ☐ Village  | / /20                                 |
|      |                           |                                    |  | City:                                       | Zip:  | □ City  | (Month) (Day) (Year)                  |
|      | 10.                       |                                    |  | Street:                                     |   | ☐ Town ☐ Village  | / /20                                 |
|      |                           |                                    |  | City:                                       | Zip:  | ☐ City  | (Month) (Day) (Year)                  |
|      | ,                         |                                    | Certification  | n of Circulator                             |   |   |                                       |
| I, _ | Caryl                     | E. Terrell                         | , (c   | ertify): I reside at 19 Re                  | d Maple Trail, Madison  | n 5377 City of  | Medison                               |
|      |                           |                                    | lator) ained each of the signatures on this paper. I know th | (Circ<br>nat the signers are electors of th | culator's Residence — Street name and<br>ie jurisdiction or district represented by the | d Number) (Circulator officeholder named in this petition, 1 know | Municipality) that each person signed |
| the  | paper with full knowledge | e of its content on the date indic | cated opposite his or her name. I know their respect         |   | this recall petition. I am aware that falsifyi  | ng this certification is punishable under S.12                    | 2.13(3)(a), Wis. Stats.               |
|      |                           | 13 /20 /2                          | - and ever   |   |   | Pra No.   | Official Use Only)                    |
|      | (Month)                   | (Day) (Year)                       | <del>-</del>   | (Signature of Circulato                     | r)  | # <u>""</u>   | 104                                   |
|      |                           |                                    |  |   |   | (   | '                                     |
|      |                           |                                    |  |   |   |   |                                       |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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|  | onstitution and S.9.10 of the Wisconsin Statu<br>G PURPOSES, WHEN DIFFERENT THAN MUNICIPALE | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU                       | NICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                               | PO E                       |
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| 1. Judy H Guinn  | Judy H Druin  | 820 5 85 1 1   | Town Whitefish Bay   | , 1 1/23/2011<br>(Month) (Day) (Year)      | Phone (414)                |
| 2.<br>Susan Niederfrank  | 8000 Nico Frank   | street: BAE Prospect-ST-<br>attant Washington W zip: 53074                     | Town Syllage First Washington                                      | (Month) (Day) (Year)                       | Email<br>SUSANNIC<br>Phone |
| 101° J   | Margaret buinn  |  | Drown Village White is h Bay                                       |  | Phone (4/4)                |
| Margaret Niederfrank  5.  I an Gulm  | margaret<br>niederfrank   | street: 1352 Sunset Rd #217  | Town O Village OCity Port Washington                               | (Month) (Day) (Year)                       | Email Phone                |
|  | In on   | street: 306 M Prospect Ave #1  City: Madison Zip: 53726                        | Town Village City  City  Comparison                                | \\\/2\\/20_\frac{17}{(Month) (Day) (Year)} | Phone (414)                |
| 6.   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                  | Email Phone                |
| 7.   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                  | Email Phone                |
| 8.   |   | Street: City: Zip:   | □ Town<br>□ Village<br>□ City                                      | / /20(Month) (Day) (Year)                  | Email Phone                |
| 9.   |   | Street: City: Zip:   | ☐ Town<br>☐ Village<br>☐ City                                      | / /20(Month) (Day) (Year)                  | Email Phone                |
| 10.  |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                  | Email Phone                |
| (Name of Circulares of Circulares of the Circula | ulator) tained each of the signatures on this paper. I know that the                        |  | ne officeholder named in this netition. I know tha                 | Municipality)                              | Bay<br>Circulators, pl     |
| $\frac{1}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20 \frac{1}{20}}{\text{(Year)}}$   | man grilly & M  | (Signature of Circulator)  | <u>-</u>   | Official Up Only)                          | Email                      |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                                  |                | CONTA |  |
| 1. Anthony   | Adv. Il                | Street: 715 Poplar Way   | Town Village Verona  | 1/8/20_  | Email<br>Phone |       |  |
| Hagedorn   | 1 mily uses            | city: Verona zip: 53593  | XICity Verona  | (Month) (Day) (Year)                             | (              | )     |  |
| 2.   | V V . 2-               | Street: 730 Papla Way  | □ Town □ Village   | 1/8/20/12  | Email          |       |  |
| Kath Leen Koedin   | Rathleen L For Nam     | City: Verana W: zip: 53593   | Acity Vacora   | (Month) (Day) (Year)                             | Phone (        | )     |  |
| 3. Jill Litwin   | Chath                  | Street: 947 HERRER DR.   | O Town O Village Octiv   | 1/8/20/12  | Email          |       |  |
| ,  |                        | City: Varua 2); zip: 53593   |  | (Month) (Day) (Year)                             | Phone (        | )     |  |
| 4.   |                        | Street: 7110 PRENCHTOWN  | Town HONTROSE  | 1/8/2012   | Email          |       |  |
| ODEN HIRSEFIELD  | Dale Nunchald          | City: BE(1V)11E Zip:53508  | ☐ City   | (Month) (Day) (Year)                             | Phone (        | )     |  |
| 5.   |                        | Street: R # 3, 1958 Wenett   | Town Fitchburg Ch  | 1 /1/2013  | Email          |       |  |
| Roberta H.Mille  | - Solestand Vielle     | my (2-890n 253575  | City Fitablera   | (Month) (Day) (Year)                             | Phone (        | )     |  |
| 6.   | 100 101 00             | street: 7868 wood And pr   | □Town  | 1/1/202  | Email          |       |  |
| Christine Garcia   | Christine Dawn         | City: Madison, WI zip: 537/9   | Dillage Made Som   | (Month) (Day) (Year)                             | Phone (        |       |  |
| 7.   | 0 1 0 4                | Street: 502 5 th 5+  | □Town  | ( /11/2018                                       | Email          |       |  |
| Rudy Zimmerman   | Kudy Jimmenn           |  | City MINERAL Punt  | (Month) (Day) (Year)                             | Phone (        | )     |  |
| 8. C. M  | 100                    | street: 106 Mary Lou St.   | □Town  | 1/11/2012  | Email          |       |  |
| Susan Murray   | Susan M. Thursay       | City: //erona, 41/ zip:53593   | Village Verona   | (Month) (Day) (Year)                             | Phone (        | )     |  |
| 9.   |                        | Street: 824 Malnut St.   | □Town  | 1/12/2015  | Email          |       |  |
| Michael D. Tolle   | Minhoo D. Tola         | City: VP10116 24p: 53593   | City Perona  | /2/20/2<br>(Month) (Day) (Year)                  | Phone          |       |  |
| 10.  |                        | Law A CA CALLA   | □ Town   | <del>                                     </del> | Email          |       |  |
|  |                        | Street:  | ☐ Village☐ City  | / /20<br>(Month) (Day) (Year)                    | Phone          |       |  |
|  | A 1100 11              | City: Zip:   |  | (May) (Mat)                                      | (              | )     |  |
| Gnila Kolman   | Certification (        | of Circulator  | Ctu a V  | مداد ما  |                |       |  |

(Circulator's Residence - Street name and Number) (Circulator Municipality) (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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| THE MUNICIPALITY USED FOR MAILING |                        | ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                     | NICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                               | PO Bo<br>Madis                     |
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| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                            | CONTA                              |
| I. Ian Benton                     | IRA                    | Street: 607 K Eagle Heights City: Madison Zip: \$\$53705                       | Town   Village   Strity   Madison                                  | 12/14/20_11<br>(Month) (Day) (Year)        | Email<br>ianovite<br>Phone         |
| Ian Benton 2. Susan Perry         | Susan Lerry            | street: 7210 Colony Dr<br>city: Madison zip: 53717                             | Town Willage Madison   | / //2/2012<br>(Month) (Day) (Year)         | Email<br>5 Lperry 6 (Phone (608) 2 |
| ouver perry                       | Opins sony             | Street: 7310 Colony Dr  City: MAOISON Zip: 53717                               | Town Village Madison   | 1 /13/20 <u>12</u><br>(Month) (Day) (Year) | Email Phone                        |
| 4.                                |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                  | Email Phone                        |
| 5.                                |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20                                      | Email Phone                        |
| 6.                                |                        | Street:  City: Zip:  | □ Town □ Village □ City  | / /20(Month) (Day) (Year)                  | Phone ( )                          |
| 7.                                |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                  | Email Phone                        |
| 8.                                |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)                  | Email Phone                        |
| 9.                                |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)                  | Email Phone                        |
| 10.                               |                        | Street: City: Zip:   | □ Town<br>□ Village<br>□ City                                      | / /20(Month) (Day) (Year)                  | Email Phone                        |
| Susan f                           | Certification , (cer   | rtify): I reside at 7210 Colony Drive  | e Madis  | on   | Circulators, please                |

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|                          | Susan   | Perry  | (certify): I reside at 721  | O Colony Driv   | e   | Madison   |
|                          |   | Circulator)  | (Circi  | ılator's Residence - Street name  | and Number)   | (Circulator Municipality)   |
| e paper with full knowle | s recall petition and personal edge of its content on the dat | ily obtained each of the signatur<br>e indicated opposite his or her p | es on this paper. I know that the signers are electors of the lame. I know their respective residences given. I support the | jurisdiction or district represented by<br>his recall petition. I am aware that falsi | the officeholder named :<br>fying this certification is | in this petition. I know that each person signed spunishable under S.12.13(3)(a), Wis, Stats. |
| 1 /                      | +2 /3 /20   |  | usan Perry  |   |   | Page No. (Official Use Only)  |
| (Month)                  | (Day) Sp (Y   | (ear)  | (Signature of Circulator)   |   |   | # <u>000007</u>   |
|                          | -/  | :<br>  |   | 0 9   | •   | ii  |



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### SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 2 Madison. OF RESULTIE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED, 36 NOT SUFFICIENT. VOTING COPACPRINTED NAMES OF ELECTORS A SECR SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTACT Rural address must also include box or fire no. (Indicate Town, City, or Village) □ Town Village City Email ☐ Town □ Village Phone ☐ Citv (Month) (Day) (Year) Email □ Town 20-☐ Village Phone ☐ City Month) (Day) Zip: Email □ Town 20 ☐ Village مناعمات Phone ☐ City Month) (Day) (Year) l'aluanur Zip: 5. Email □ Town 20 □ Village Phone Circle to ☐ City Month) (Day) (Year) Volumeer City: Zip: 6. Email ☐ Town ☐ Village Phone Спеск то ☐ City Month) (Day) (Year) Volunteer City: Chy 7. Email ☐ Town 20 ☐ Village Phone ☐ City (Month) (Day) (Year) 8. Email □ Town Street: 20 □ Village Phone □ City 9. Email ☐ Town Street: ☐ Village Phone Lancak to ☐ City (Year) (Month) (Day) Volunteer Zip: 10. Email Email ☐ Town 20 ☐ Village Phone Phone cat deadlik ☐ City Month (Day) (Year (Month) (Day) (Year) Volunteer **Certification of Circulator** 

420 N. Park Street #330 (certify): I reside at

city of Madison

(Circulator Municipality) Circulator

605 Email austin

Circulators, please in

(Name of Circulator)

(Circulator's Residence - Street name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wiss Stats, interpretable the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wiss Stats, interpretable the paper.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| David W. Sievert                  | Dadw. Rit                                 | Street: 712 N. Third St. City: Madison zip. 53704                              | Town Village MadiSon   | (Month) (Ddy) (Year)                  | Phone ( )           |
| Patricia R. Jacobson              | atroes solson                             | street: 418 Jupiter Dr #279 city: Madison Wi zip: 53718                        | Town Village MAG.  | /2 /21 /20 /(<br>(Month) (Day) (Year) | Phone (608)         |
| 3.                                |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Phone ( )           |
| 4.                                |   | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)             | Email Phone         |
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| 9.                                |   | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)             | Email Phone         |
| 10.                               |   | Street:  City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)         | Email Phone         |
| Jeannine D. Si.                   |   |  | A Madeson (Circulator  | r Municipality)                       | Circulators, please |

|   |   | Street:                                      |                                     | → Village   | / /20                   | 1 L                |
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| 8.  |   |  |                                     | □Town   | 1 1                     | Email              |
|   |   | Street:                                      |                                     | □ Village   | / /20                   | Phone              |
|   |   | City:  | Zip:                                | □City   | (Month) (Day) (Year)    | I hone             |
| 9.  | - ARIEL TOWNS AND ARIEL COMMANDE AND                    | City.  | Z.tp.                               |   | -                       | Email              |
| <b>)</b>  |   | Street:                                      |                                     | □Town   | / /20                   |                    |
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| T . 7 (   | <b>Certification</b>                                    | of Circulator                                | - · ·                               | 1 11 1  |                         |                    |
| Joannine Pros.  | QUAT I  | ertify): I reside at 5/01                    | Spring                              | C) Madeson  |                         |                    |
| (Name of Circul   |   | •      | Residence – Street name an          | ad Number) (Circulator)                           | Municipality)           | Circulators, pleas |
| ersonally circulated this recall petition and personally obta | ained each of the signatures on this paper. I know that | at the signers are electors of the jurisdict | tion or district represented by the | e officeholder named in this petition. I know t   | that each person signed | Phone              |
| paper with full knowledge of its content on the date indic    | ated opposite his or her name. I know their respective  | ve residences given. I support this recall   | petition. I am aware that falsify   | ring this certification is punishable under S.12. | .13(3)(a), Wis. Stats.  | Email              |
| 1 / 13/20 \2  | 2 deanna  | 12 June                                      | ſ                                   | Page No. (  | Official Use Only)      | Eman               |
|   |   | (Signature of Circulator)                    |                                     | กกกักก  | n !                     |                    |
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|                       | PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS                                    | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                         | CONTAC                       |
|                       | 1. Mabel Elizabeth Densmore  | · Make Selezabeth Densmore                                | Street 6205 mineral Point Road #111   | □ Town □ Village   | 11/27/2011                              | Email                        |
| A                     |  |   | City: Madison, W1 zip. 53705  | City Madison pue   | (Month) (Day) (Year)                    | Phone ( )                    |
|                       | 2. Etrzabeth Etrzabeth   |   | Street: 6225 Mineral Point Rd   | □ Town □ Village   | 11/27/2011                              | Email                        |
|                       | Elizabeth MH oberts  | 5 Elizabeth m Roberts                                     | Day: Madison WI zip. 53705  |  | (Month) (Day) (Year)                    | Phone ( )                    |
|                       | HARRY R. DAVIS   | Harry R Davis  Ruth & Davis                               | Street: 6225 MINNERAL ROBINT Rd   | ☐ Town ☐ Village   | 11/28/2011                              | Email                        |
| 1                     | [MN: ( N, VIC )  | 112111  | city: MADSON W/ Zip. 53765  | tecity Madisonfine   | (Month) (Day) (Year)                    | Phone ( )                    |
| ·                     | Ruth G DAVIS   | 1 Ditt M Davis  | Street: 6225 MINEUM Pt. Rd.   | □ Town □ Village   | 11/28/20/1                              | Email                        |
|                       |  | <u> </u>  | City: MADISON WI Zipi 53705   |  | (Month) (Day) (Year)                    | Phone ( )                    |
|                       | Foberts, TRoyne  | RANDS Dance   | Street: 6225 Milheral Pt. Rd  | Town Village Malson Mac  | ( / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Email                        |
|                       |  | 1 Dans  | cus. Madisan WI zin 53705   | Dicity Malison fine  | (Month) (Day) (Year)                    | Phone ( )                    |
|                       | 6.   |   | Street:   | □ Town □ Village   | / /20                                   | Email                        |
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| 1                     | 1 10   |   |   | # #  |   |                              |
| I,                    | ERA M. CUNNINGHA   | , (certif   | ify): I reside at 6225 MINERAL POINT KD   | D. A3 MADISON, U   |   | Cinculatore vices is         |
| I ne-r                | (Name of Circula)  Sonally circulated this recall petition and personally obtain |   | (Circulator's Residence – Street name and   | d Number) (Circulator M  | Municipality)                           | Circulators, please in Phone |
| rhere                 | onany encurated this recan pention and personany octa-                           | med each of the signatures on this paper. I know that the | he signers are electors of the jurisdiction or district represented by the        | officeholder named in this petition. I know the                    | .iat each person signed                 | 1                            |

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Debra M

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| THE MUNICIPALITY USED FOR MAILI                         | NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL                 | TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU   | NICIPALITY OF RESIDENCE MUST ALWAY                                 | S BE LISTED.                  | <u> </u> | Madis                 |
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| 1.  |  | Street: 3159 larson Lane  | □ Town Of  | 1//24/2011                    | Email    |                       |
| PAtrick Seubert  2.  Debra Seubert  3.  MARIE SEUBERT   | Patrick Seubert<br>Debra Seubert<br>Marie Seubert          | city: Ephraim zip:54911   | - Zi Village Cshraim 184   | (Month) (Day) (Year)          | Phone (  | )                     |
| 2.  |  | Street: 2434 Chalet Gardens Ct. #3  | Town   | 11/26/2011                    | Email    |                       |
| Debra Seubert   | Debra Sukut  | city: Fitch burg zip: 53711   | Village Litchburg 105  | (Month) (Day) (Year)          | Phone (  | )                     |
| MARIE Cacheal   | main dender of   | street 159 Lorson Jane Cité phraim zip: 54211   | Town  Swillage Cphraim NH  City                                    | 1)/26/20/1                    | Email    | -                     |
| MULLE DEADER  | II was second  | CHE phrain zip: 54211   | City Phase no  | (Month) (Day) (Year)          | Phone (  | )_                    |
| 4.  |  | Street:   | □ Town □ Village   | / /20                         | Email    |                       |
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| 5.  |  | Street:   | □Town  | / /20                         | Email    |                       |
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|   | Certification  | of Circulator   | 4  |                               |          |                       |
| Debra M. Se   | ubert (cer   | tify): I reside at 2434 Chalet Garden   | 15 CF. 5 Fitch bour  | g WI 53                       | 711      | <b>ators</b> , please |
| (Name of Cir  | culator)   | (Circulator's Residence – Street name as<br>the signers are electors of the jurisdiction or district represented by the | nd Number) (Circulator   | Municipality)                 | Cir curu | Phone                 |
| paper with full knowledge of its content on the date in | adicated opposite his or her name. I know their respective | e residences given. I support this recall petition. I am aware that falsify   | ying this certification is punishable under S.12                   | .13(3)(a), Wis. Stats.        | <u> </u> | (0)                   |

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to the We, the Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Acticle XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT: THAN MUNICIPALITY | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        |  | BE LISTED.                                   | THE STATE OF THE S |
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| 1. Just is Stange                 | ft straf                                    | Street: 41 N Roby Aud City: Madison Zip: 53726                                 | Town Willage Scity Madison   | 11/26/2011<br>(Month) (Day) (Year)           | Email Phone  |
| 2. Katharina S. Stewart           | Kathina S Sent                              | Street: 3619 Vickiann St  City: Verona WI zip: 53593                           | of Middleton City  | 11 /24/2011<br>(Month) (Day) (Year)          | Email<br>K65te wayte<br>Phone<br>(668) 464   |
| 3.<br>Yessa Dorresteijn           | Kathuina S Sturt<br>ressagorrester          | Street: 1441 E. Skyline Drive City: Madison Zip: 53705                         | Town Village of Madison  | O1 / 11/20 <u>12</u><br>(Month) (Day) (Year) | (608) 23   |
| 4.                                |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                    | Email Phone ( )  |
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| Mario                             | Certification                               | of Circulator  | Hill Madis   | 50N  |  |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed and cach of the paper with full knowledge of its content on the date indicated opposite his or her name: I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a); Wise Stats.

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(Signature of Circulator)

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Circulators, please

Email



To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MATLING     | PURPOSES, WHEN DIFFERENT THAN MUNICIPAL | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU                       | NICIPALITY OF RESIDENCE MUST ALWAY                                       | S BE LISTED.                        | Widdisc         |
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| PRINTED NAMES OF ELECTORS             | SIGNATURES OF ELECTORS                  | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                     | CONTAC          |
| 1. Hilary Shipley                     | Hij Shiji                               | street: 5166 Bluff St 71743  City: Manison zip: 53705                          | Town Village City (A) SC (4)   | 1 /1 C/2012<br>(Month) (Day) (Year) | Email hShip!    |
| 2.                                    |   | Street:  | ☐ Town ☐ Village ☐ City  | / /20                               | Email Phone     |
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| 5.                                    |   | Street:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)       | Email           |
| 6.                                    |   | City: Zip: Street:   | □ Town □ Village   | / /20                               | Email Phone     |
| 7.                                    |   | City: Zip:   | ☐ City   | (Month) (Day) (Year)                | Email ( )       |
|                                       |   | Street:  City: Zip:  | ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)       | Phone ( )       |
| 8.                                    |   | Street:  | ☐ Town ☐ Village ☐ City  | / /20                               | Email Phone     |
| 9.                                    |   | City: Zip: Street:   | □ Town   | / /20                               | Email           |
| 10.                                   |   | City: Zip:   | ☐ City   | (Month) (Day) (Year)                | Phone ( ) Email |
|                                       | ·<br>                                   | Street: City: Zip:   | □ Village □ City   | / /20<br>(Month) (Day) (Year)       | Phone ( )       |
| Christy Ruby                          | Certification                           | of Circulator  tify): I reside at 734 Sant Ridge TV [                          | LAB CITY of 1  | Ladism.                             |                 |

(Circulator's Residence Street name and Number) (Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper/I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her pamer I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

(Month) (Day) (Year)

Circulators, please i

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING | J PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                           | INICIPALITY OF RESIDENCE MUST ALWAYS                               | S BE LISTED.                                 | Madisor         |
|-----------------------------------|---|---|--|--|-----------------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                              | CONTACT         |
| 1.<br>DAWN VANDEURZEN             | Dawn Kan Deursen                            | Street: 612 Stonefield Way City: MtHodeb 53572 zip: (W)                           | Town Willage Mount Hareb   | 11 /16 /20 11<br>(Month) (Day) (Year)        | rione ( )       |
| Darren Thiel                      | Dann That                                   | street: 14 Spear Cir city: Madison zip: 53713                                     | Town Village Madison   | 11 /16/2011<br>(Month) (Day) (Year)          | ( )             |
| 3. Lisa Ladson                    | Sin Lola                                    | Street: (001 Spellnan St<br>City: Mt. Hovelo, WI zip. 53572                       | Town Willage Mt. Hoveb   |  | Email Phone ( ) |
| JAMIE Hoyle.                      | Mi Mie                                      | Street: 1143 HERGHAS AVE<br>City: NCCNAh WI Zip: 54956                            | □ Town □ Village  SCity  NCCN 1                                    | 11 /2C/20 11<br>(Month) (Day) (Year)         | Phone ( )       |
| Angela Marten                     | anglivation                                 | Street: 2583 5.40th St City: West Allis WI zip: 53227                             | Town Village  City  Vest Alles                                     | 11 / 24/2011<br>(Month) (Day) (Year)         | Email Phone ( ) |
| Tanmy Donovay                     | Jany John                                   | Street: 1404 50013 Greek City: CAZONOS G. Zip: 53924                              | SV P Town City Henretta  | 11  34  20 <u>11</u><br>(Month) (Day) (Year) | Phone ( )       |
| <b>7.</b>                         |   | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                    | Email Phone     |
| 8.                                |   | Street: City: Zip:  | □ Town □ Village □ City  | //20(Month) (Day) (Year)                     | Email Phone     |
| 9.                                |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                    | Email Phone     |
| 10.                               |   | Street:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                    | Email           |
| SGOTT VanDeurzen                  | Certification of                            | of Circulator   | AY William of 1  | ME HOREB                                     |                 |

Circulators, please in (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Email (Signature of Circulator) (Month) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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| cicle XIII, Section 12 of the Wisconsin Co | enstitution and S.9.10 of the Wisconsin Sta | itutes.   |   |                      | PO B                     |
|--|---|---|---|----------------------|--------------------------|
| THE MUNICIPALITY USED FOR MAILING          | G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL   | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN   | IICIPALITY OF RESIDENCE MUST ALWAY  | S BE LISTED.         | Madi                     |
| PRINTED NAMES OF ELECTORS                  | SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  | DATE OF SIGNING      | CONT                     |
| 1. Sandra Gjerdah)                         | 3. Gerdek                                   | Street: 47505 Hammil Lake Rd  | Stown Drummond Utiliage   | 12/3/20/11           | Email                    |
|  | (Dendra)                                    | City: Drummond WI zip: 54832  | ☐ City  | (Month) (Day) (Year) | Phone (7/5) 7            |
| 2.   |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | □ City  | (Month) (Day) (Year) | Phone ( )                |
| 3.   |   | Street:   | ☐ Town - ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | □ City  | (Month) (Day) (Year) | Phone ( )                |
| 4.   |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | ☐ City Title City Tit | (Month) (Day) (Year) | Phone ( )                |
| <b>5.</b>                                  |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | □ City  | (Month) (Day) (Year) | Phone ( )                |
| 6.   |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | □ City  | (Month) (Day) (Year) | Phone ( )                |
| <b>7.</b>                                  |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | ☐ City  | (Month) (Day) (Year) | Phone ( )                |
| 8.   |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | ☐ City  | (Month) (Day) (Year) | Phone ( )                |
| 9.   |   | Street:   | ☐ Town ☐ Village  | / /20                | Email                    |
|  |   | City: Zip:  | ☐ City  | (Month) (Day) (Year) | Phone ( )                |
| 10.  |   | Street:   | ☐ Town  | / /20                | Email                    |
|  |   | City: Zip:  | □ Village<br>□ City   | (Month) (Day) (Year) | Phone ( )                |
|  | Certification                               | of Circulator   |   | <u>-</u>             |                          |
| Michael James                              |   | rtify): I reside at 1102 G1/500 St  | Modisar   | WI                   |                          |
| (Name of Circu                             | lator)                                      | (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the | d Number) (Circulator   | Municipality)        | Circulators, pleat Phone |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILIN  | G PURPOSES, WHEN DIFFERENT THAN MUNICIP  | PALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU   | NICIPALITY OF RESIDENCE MUST ALWAY   | S BE LISTED.   |                  | Madis            |
|---|--|--|--|--|------------------|------------------|
| PRINTED NAMES OF ELECTORS   | SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.  | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)   | DATE OF SIGNING  |                  | CONTA            |
| Evan Slater   | Kan Sut 3  | Street: 6814 Erdman Blvl- City: Mildleton zip: 53567   | Town Mic-leton    Uvillage   Uvil | 1 /13/20/2<br>(Month) (Day) (Year)                           | Email Phone      | )                |
| 2.  |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                                    | Email Phone      | )                |
| 3.  |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                                    | Email Phone      | )                |
| 4.  |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                                    | Email Phone      | )                |
| 5.  |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | //20(Month) (Day) (Year)                                     | Email Phone      | ).               |
| 6.  |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                                    | Email Phone      | . )              |
| 7.  |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)                                    | Email Phone      |                  |
| 8.  |  | Street:  City: Zip:  | □ Town □ Village □ City  | / /20  | Email Phone      |                  |
| 9.  |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)                                | Email Phone      | · )              |
| 10.   |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)                                | Email Phone      | )                |
| Gary Ellenbe  | <u>esOec                                   </u>  | ertify): I reside at 6767 Frank (10 9  | dwight City  | of Middl   | efour<br>Circula | ators, please    |
| ersonally circulated this recall petition and personally ob<br>paper with full knowledge of its content on the date ind | otained each of the signatures on this paper. I know the icated opposite his or her name, I know their respect | (Circulátor's Residence – Street name and the signers are effectors of the jurisdiction or district represented by the live federaces given. I support this recall petition. I am aware that falsify | e officeholder named in this petition. I know to   | Municipality) that each person signed .13(3)(a), Wis. Stats. | Pl               | Phone (<br>Email |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |   |  |   |   | Madi                              |
|--|---|--|---|---|-----------------------------------|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.   | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)                                | DATE OF SIGNING   | CONT                              |
| 1. TAMES BOWEE WELSON  | Jan Ban Will  | Street: 4118 SF. CLAZR ST.  City: MADZSON Zip: S3711   | Urown City  Wadison   | (Month) (Day) (Year)  | Email Phone ( )                   |
| 2.<br>Estar SWeener  | MILLES  | 5471 Westshine Cm. +320<br>Wannaker WI zip:5359  | Town Village City Wannakee  | OI /2 /2012<br>(Month) (Day) (Year)                           | Email Phone                       |
| 3.   |   | Street:  City: Zip:  | Town □ Village □ City   | / /20(Month) (Day) (Year)                                     | Phone ( )                         |
| 4.   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)                                     | Email                             |
| 5.   |   | Street:  | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)                                     | Email                             |
| 6.   |   | City: Zip:  Street:  | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)                                 | Email Phone                       |
| 7.   |   | City: Zip:  Street:  | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)                                 | Email                             |
| 8.   |   | City: Zip:  Street:  | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)                                 | Email Phone                       |
| 9.   |   | City: Zip:  Street:  | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)                                 | Email                             |
| 10.  |   | City: Zip:  Street:  City: Zip:  | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)                                     | Email                             |
|  | Certificatio  | on of Circulator   |   |   |                                   |
|  | culator)  obtained each of the signatures on this paper. I know t | certify): I reside at   (Circulator's Residence - Street name of the hat the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsi | the officeholder named in this petition. I know fying this certification is punishable under S.12 | Municipality) that each person signed 2.13(3)(a), Wis. Stats. | Circulators, pleas Phone 66 Email |
| (Month) (Day) (Year  | r)  | (Signature of Circulator)  | Fage No. (  | Official Use Only)  |                                   |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their reso

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |   |  |                               | Madis               |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING               | CONTA               |
| 1. John P. Powers  | LAG RE                 | Street: 205 N FRW St  | Town Village Walson  | 1/3/20/2                      | Email Phone         |
| 2.   | 10-01                  | city: Madison zip: 53703  | City   | (Month) (Day) (Year)          | ()                  |
| 2. A.  |                        | Street:   | ☐ Town ☐ Village   | / /20                         | Email               |
|  | :                      | City: Zip:  | City   | (Month) (Day) (Year)          | Phone ( )           |
| 3.   |                        | Street:   | □ Town   | / /20                         | Email               |
|  |                        | City: Zip:  | ☐ Village☐ City  | (Month) (Day) (Year)          | Phone               |
| 4.   |                        | Street:   | □ Town   | 1 1                           | Email               |
|  |                        |   | □ Village □ City   | / /20<br>(Month) (Day) (Year) | Phone               |
| 5.   |                        | City: Zip:  | □ Town   | 1 1                           | Email               |
|  |                        | Street:   | ☐ Village☐ City  | / /20 Phone                   | Phone               |
| 6.   |                        | City: Zip:  |  | (Month) (Day) (Tear)          | Email ( )           |
| ·  |                        | Street:   | ☐ Town ☐ Village   | / /20                         |                     |
|  |                        | City: Zip:  | □ City   | (Month) (Day) (Year)          | Phone ( )           |
| 7.   |                        | Street:   | ☐ Town ☐ Village   | / /20                         | Email               |
|  |                        | City: Zip:  | City   | (Month) (Day) (Year)          | Phone               |
| 8.   |                        | Street:   | □ Town   | / /20                         | Email               |
|  |                        |   | ── □ Village □ City  | / /20<br>(Month) (Day) (Year) | Phone               |
| 9.   |                        | City: Zip:  | □ Town   |                               | Email               |
|  |                        | Street:   | — □ Village □ City   | / /20<br>(Month) (Day) (Year) | Phone               |
| 10.  |                        | City: Zip:  |  | (World) (Day) (Year)          | Email ( )           |
|  |                        | Street:   | ☐ Town<br>— ☐ Village  | / /20                         |                     |
|  |                        | City: Zip:  | City   | (Month) (Day) (Year)          | Phone ( )           |
| THOMAS KASZULANIS  |                        | n of Circulator   | TOWN OF  |                               |                     |
| /HOMAS / A STUCKNIS<br>(Name of Circu  |                        | ertify): I reside at 51/1 51. CAR KOA;<br>(Circulator's Residence – Street name | and Number) WESTRAT  | Municipality)                 | Circulators, please |

Page No. (Official Use Only) Signature of Circulator)

support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Madison.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MIGHT ADWARD ADWARD TO THE MUNICIPALITY OF RESIDENCE MIGHT ADWARD TO THE MUNICIPALITY OF THE MUNIC |                        |  |   |                                      |                 |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                      | CONTACT         |
| 1. Kim Russell   | Kini Russell           | Street: 7174 Hwy Co, K # 2<br>City: Middle for, zip: 53562                     | Town U Village City M: 18 lets                              | (Month) (Day) (Year)                 | Phone  Email    |
| 2. Justin Hack   | furt Hal               | Street: 311 King Arthurs Ct<br>City: (1755 Plains WI zip: 57548                | Town  No Village CrossPlains                                | (Month) (Day) (Year)                 | Phone (         |
| 3. Told Franklin   | John H.                | Surect: N6866 Hidden Valley Drive City: Boaver Dam Zap. 53916                  | Village Beaver Dam  | 11 /24/20 11<br>(Month) (Day) (Year) | Phone (608) 510 |
| 4. Mary Franklin   | Mar Frankin            | Street: 5403 Doc Keneld  | Town Village Monana   | /1 /24/20/1<br>(Month) (Day) (Year)  | Phone ( )       |
| 5. Sarah Shagam  | Saiah Shagan           | Street: 14 Geronimo Circle City: Madison zip: 53713                            | Town Village MACAIC M                                       | 12/042011<br>(Month) (Day) (Year)    | Phone (608) 32  |
| 6.   | 9                      | Street:  City: Zip:  | ☐ Town☐ Village☐ City                                       | / 20(Month) (Day) (Year)             | Phone ( )       |
| 7.   |                        | Street:  | ☐ Town ☐ Village ☐ City                                     | (Month) (Day) (Year)                 | Phone ( )       |
| 8.   |                        | Street:  | ☐ Town ☐ Village ☐ City                                     | / /20(Month) (Day) (Year)            | Phone ( )       |
| 9.   |                        | Street:  | ☐ Town ☐ Village ☐ City                                     | / /20(Month) (Day) (Year)            | Phone ( )       |
| 10.  |                        | Street:  | ☐ Town ☐ Village ☐ City                                     | / /20                                | Phone ( )       |
| Certification of Circulator  Tara Franklin  , (certify): I reside at (dolo Mendota Ave. Mi doleton - City of (Circulator Municipality)  (Circulator's Residence - Street name and Number)  (Circulator Street name and Number)  (Circulator Street name and Number)  |                        |  |   |                                      |                 |

(Signature of Circulator)

(Day)

(Month)

(Year)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given 1 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Day)

(Month)

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| Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.  THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  |                        |  |  |                                  | PO Box<br>Madiso                      |
|---|------------------------|--|--|----------------------------------|---------------------------------------|
| PRINTED NAMES OF ELECTORS   | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                  | CONTAC                                |
| John Johnson  | STON                   | Street: N843 Big Timber Tr. City: Middle ten W1 zip: 53562                     | Village Middleton  | 12/14/2011                       | Email Jblue<br>Phone (608)            |
| Halley Johnson  | 11.00                  | Street: 7205 OLD SAUKED APTC  City: MADISON Zip: 53717                         | Urillage Madison W   | 12 /22/2011                      | Email<br>JOHNSONH<br>Phone<br>(608) 2 |
| LYNDSAY JOHNSON   |                        | street: 5518 GeHk Ave  City: Madison zip: 53705                                | Town Village Madison Vill  | 12 25/2011 L                     | Email TOTING Phone (400) 21           |
| Cody Johnson  | 1 / 2 / 1 1 1 0 0 10   | street 843 Big Timber  city: Middleton zip: 53562                              | Village MALL in a  | /2/25/20/// (Month) (Day) (Year) | Email Phone ( )                       |
| 5.<br>Daniel Skindingsnde   |                        | street: 5 North Ct<br>City: Whitewater zip: 53190                              | - Village White water of White water                               | /7/20/Z<br>(Month) (Day) (Year)  | Phone (202) 8                         |
| 6.  |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20P                           | Phone ( )                             |
| 7.  |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20 P                          | Email Phone                           |
| 8.  |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20   _                        | Email Phone                           |
| 9.  |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | $  / /_{20}   $                  | Email Phone                           |
| 10.   |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | $  / /_{20}   $                  | Email Phone                           |
| Certification of Circulator    Continuation   Circulator   Circulator |                        |  |  |                                  | Circulators, please Phone             |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. MUNICIPALITY OF RESIDENCE DATE OF SIGNING PRINTED-NAMES OF ELECTORS (Indicate Town, City, or Village) Rural address must also include box or fire no. Email □ Town Phone Email ☐ Town Phone Email /2017 ☐ Village Phone Email ☐ Town Street: ☐ Village Phone ☐ City (Month) (Day) Volunteer Zip: Email 5. ☐ Town ☐ Village Phone ☐ City . (Year) (Month) (Day) Volumeer Zip: Email 6. ☐ Town 20 ☐ Village ⊟ viii. □ City Phone Uneak to ☐ City (Year) (Month) (Day) (Nimolal (Dity) (Yes Volunteer Zip: Email 7. □ Town Street: ☐ Village Phone ☐ City Zip: Email 8. □ Town /20 ☐ Village Phone ☐ City (Month) (Day) (Year) 1 Volunteer Zip: Email 9. □ Town 20 ☐ Village Phone Check to ☐ City (Month) (Day) Volumeer Email 10. · 🔲 Tot Email ☐ Town ☐ Village Phone مع علمشطا علي ، ☐ City Mouth) (Day) Valumeer **Certification of Circulator** 

I. Linda Alston (certify): I reside a (Circular of Circulator)

, (certify): I reside at 2) 8 WC NM/CC 13(19)

(Circulator Municipality)

Circulators, please incl Phone

Email

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PO Box 2

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed that the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12-13(3)(a), Wiss Stats.

 $\frac{0}{\text{(Month)}}$  /  $\frac{1}{\text{(Day)}}$  /  $\frac{20}{\text{(Year)}}$ 

(Signature of Circulator).

Page No. (Official Use Only).

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |                               | l       | Madiso   |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING               |         | CONTAC   |
| 1.<br>Sherry I. Reevey   | Shewo D. Roeway        | Street: 3232 Forest Run Ct   | □ Town □ Village ∧ A A \ SON                                       | 11/17/2011 Email              |         |          |
| JHERRY G. T. T. T.   | 3,1,1,0,1,1,1,1        | City: Madison WI zip: 53704  | □ Village MADISON  BECity  | (Month) (Day) (Year)          | Phone ( | )        |
| Sherry I. Reevey  2. NANCY J. HARVEY   | nandiel Hasiver        | Street: 4723 SHEBOYGHIN AUE  | Town Village Madison   | 1/13/20/2                     | Email   |          |
| NAME OF GATIFIER VET   | more g g source - g    | City: MADISON zip:53705  |  | (Month) (Day) (Year)          | Phone ( | )        |
| 3.   |                        | Street:  | ☐ Town ☐ Village   | / /20                         | Email   |          |
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| 7.   |                        | Street:  | □ Town   | / /ao                         |         |          |
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| Certification of Circ<br>5す1しょ て このれ (certify): Ire  | rider 4723 Shavboy gan Av Madison   | <b>ulators</b> , please i |
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| (Name of Circulator)  (Name of Province of the circulator)  (Name of Province of the circulator) | (Circulator's Residence Street name and Number) (Circulator Municipality) s are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed | Phone .                   |
|  | s given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.   | Email                     |
| 1 13 12012 Sally J. Coke   | Page No. (Official Use Only)  | Eman                      |
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |                                    | Madiso                |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.   | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                    | CONTA                 |
| 1. RICHARD IAN<br>WASSERBURGER   | B. Jan D.              | Street: 325 S-Yellowstone \$323  City: MADISON, WI Zip: 53705                    | Town Dydlage (MADISON, W)  | 12/22/2011<br>(Month) (Day) (Year) | Email Wasser(         |
| 2. Beit Joisesen   | Beez                   | Street: AN GOR UNF PC, WIZIN CUSGO   | Town arbor vitae 950 City 1 1 1 Cott                               | 12/31/2011<br>(Month) (Day) (Year) | Phone ( )             |
| 3.   |                        | Street: ARBOR VITAE JSW  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20                              | Phone ( )             |
| 4.   |                        | Street: City: Zip:   | ☐ Town<br>☐ Village<br>☐ City                                      | / /20(Month) (Day) (Year)          | Email Phone           |
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|  | Certification          |  | M.1.   | 1                                  |                       |
| Jacklyn S. Wasser<br>(Name of Circul   | hurget , (cer          | tify): I reside at 2917 08 mund sen Rd. (Circulator's Residence – Street name an |  | Iunicipality)                      | Circulators, please i |

|   |  | *         |                          |                     |                                 | Li City   | (Month) (Day) (Year)   | 1 |
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| r   |  | Certific  | cation of Circulator     | r                   |                                 |           |  |   |
| Jackly  | in S. Wasser   | burger    | , (certify): I reside at | 2907                | Osmundsen Rd.                   |           | Madison  |   |
|   | (Name of Circul  | lator)    |                          | (Circulator         | r's Residence – Street name and | l Number) | (Circulator Municipality)  |   |
| sonally circulated this<br>paper with full knowle | conally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed aper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences giv. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. |           |                          |                     |                                 |           |  |   |
| 1 /   | 13 /20 12  | - Jacklyn | . A Wasserbur            |                     |                                 |           | Page No. (Official Use Only)   |   |
| (Month)   | (Day) (Year)   |           | (Signature of Ci         | ir <b>d</b> ulator) |                                 |           | 00*9 <del>923</del>  |   |
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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(Signature of Circulator)

|  |                        |   |  | PO Box 2:<br>Madison,                      |             |            |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                            |             | CONTACT II |
| Cindyloton   | Concludeton)           | Street: 401 Tong Lo 2001  | □ Town □ City □ City   | /2/2011<br>(Month) (Day) (Year)            | Email Phone | )          |
| Jamie Pohlman  | Jame H. Pollm          | Street: 211 Deer Valley RD, #/  | Prown O Village City MADISON                                       | 12/21/20_11<br>(Month) (Day) (Year)        | Email Phone | )          |
| Paul AHquinerde  | Pal RHuman             | SIZEST SILE WINTER PROPRING CHY: MUJICON WI ZIOS 3704                             | Town Village City  WWW ISAN  | 7/7/20 <u>1</u><br>(Month) (Day) (Year)    | Email Phone | )          |
| Dontquian Sinite   | Dentrosso fre          | Street: 2613 [MEGISCO CT API ] City: MADSON Zip: 5373                             | Town Village WADISON   | 12/21/20 <u>12</u><br>(Month) (Day) (Year) | Email Phone | )          |
| *Kari Tha  | How Ha                 | Street: 1001 Fiedler Ly #4 City: Madison zip: 53713                               | Town Village Madism  | / /7/20 <u>/2</u><br>(Month) (Day) (Year)  | Email Phone | )          |
| 6. SABA ZAMAN  | file Jun               | Street: 1515 PINE ST ZIBA  City: LA (7055E Zip: 54601                             | Town Village Cosse   | / / Q / 20 17<br>(Month) (Day) (Year)      | Email Phone | )          |
| Azeem Zaman  | Oyeen yaman            | Street: 835 W. Deyton St. Rm 6116 City: Mad 5511 zip: 53706                       | Drown Uyillage Ocity Mad 5 30                                      | / 7/20 <u>17</u> (Month) (Day) (Year)      | Email Phone | )          |
| 8.   |                        | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20                                      | Email Phone | )          |
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| Certification of Circulator  (Name of Circulator)  (Circulator's Residence - Street name and Number)  (Circulator street n |                        |   |  |  |             | ( )        |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| Tracy R. Comer                    | 1 44 90 10000          | street: 5809 Choster C                                       | ircle                        | Town Utlage Lithbuffe  | 12/18/2011                    | Email<br>Phone |                      |
| racy & Comer                      | Maes In come           | City: Pitchburg Wi   | zip: 53719                   | 711  | (Month) (Day) (Year)          | Email (        | )                    |
| 2.                                |                        | Street:  |                              | ☐ Town ☐ Village   | / /20                         | Phone          | ,=                   |
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| 6 11 01 1                         | Certification          | of Circulator  |                              | - 1 1 1 1  |                               |                |                      |
| Joan M. Shahran<br>(Name of Circu | , (cert                | ify): I reside at 5227 Sha<br>(Circulator's Reside)          | pdragons                     | Inul +Itchburg   | Municipality)                 |                | <b>itors</b> , pleas |
| (Name of Circu                    | uuior)                 | (Circulator's Reside)  | rwe – sire <b>et</b> name an | u svumver) (Circulator)  | линистранту)                  | DI             | homo                 |

| I. Joan M. Shahrani   | , (certify): I reside at 5227 Snapdragon Troul  | Fitchburg   | <b>Circulators</b> , ple |
|---|---|---|--------------------------|
| (Name of Circulator)  | (Circulator's Residence - Street name and Number)   | (Circulator Municipality)                             | Phone                    |
|   | n this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder i  |   | Filone                   |
| the paper with full knowledge of its content on the date indicated opposite his or her name | e. I know their respective residences given. I support this recall petition. I am aware that falsifying this certific | cation is punishable under S.12.13(3)(a), Wis. Stats. | Email                    |
| $\frac{01}{1}$ $\frac{13}{120}$ $\frac{20}{2}$  | M. Shahham  | Page No. (Official Use Only)                          | Isman                    |
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

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|  | ibdulgader Almagro        | Ahm                                   |  | Town QMB   | 12/24/2011           |           |
| Store  |                           |                                       | chy: Madison zip: 53719  | acity Madison  | (Month) (Day) (Year) | ( )       |
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| City   Zip:   City      |                           |                                       |  | — □ Village  | , , <u> </u>         | Phone     |
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| City:   Zip:   | <i>j</i>                  |                                       | Street:  | ─ □ Village  | ; · · —;             | Phone     |
| Street:   Town   Village   City   C   | ***                       |                                       | City: Zip:   |  | (Month) (Day) (Year) | Email )   |
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| Street:    Town   Village   City   Ci |                           |                                       | City: Zin:   |  | , , , —              | Phone     |
| City: Zip:   | ).                        |                                       |  | □ Town   | 1 1                  | Email     |
|  |                           |                                       |  |  | 1 ' '                | Phone     |
| Joan M. Shahran (certify): I reside at 5227 Snapdrag on Trail Fitch burg   |                           | Certificatio                          |  |  |                      |           |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

| PRINTED NAMES OF ELECTORS           | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)   | DATE OF SIGNING                    |                   |
|-------------------------------------|------------------------|--|--|------------------------------------|-------------------|
| Adeline EBrickson<br>Seth Rutenberg | Aldere E. Drubus       | street: 514 welch Ave  | United Town  United States of States | 01/01/2012<br>(Month) (Day) (Year) | Phone (6          |
| jeth Rutenberg                      | See Stem               | Street: Z711 Flagship Dr #7 City: Madisan W1 zip: 57714                        | Town Village City mad ison on B  | Month) (Day) (Year)                | Phone (           |
|                                     |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)      | Email Phone       |
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| Debra 4 B                           | Certification (c       | n of Circulator ertify): I reside at 3420 Sunset lov                           | Shorewood Hill   | 5 Madison                          | f Circ <u>ula</u> |

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING                           | J PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT   | ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU   | NICIPALITY OF RESIDENCE MUST ALWAYS                                | BE LISTED.                              |              | Mad      |
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| PRINTED NAMES OF ELECTORS                                   | SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.   | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                         | (            | CONT     |
| 1.<br>John Carey  | John Carey  | street: 3511 Sauset Dr<br>City: Madison zip: 53705  | Town Village Shorewood Hills                                       | 12/18/2011<br>(Month) (Day) (Year)      | Email Phone  |          |
| John Carey  2.  MAX RAHDER                                  |   | Street: 3420 Sunset br  City: ShoreMadeson Wign: 53705  | Town  Willage City Shovework (4)(5                                 | (2/(8/20 <u>((</u> (Month) (Day) (Year) | Phone (      |          |
| Merril & Burnham<br>4. Keris on Charloth Mine               | Maritt Bumball  | Street: 2787 Richardson St.   | - Drown Pitchburg  | 31/8/20[a]<br>(Month) (Day) (Year)      | Phone 608    | <u></u>  |
| 4. Charlotte Mire   |   | Street: 3401 Control of h   | Village Short Hills  | (Month) (Day) (Year)                    | *Email Phone |          |
| 5.  |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone  |          |
| 6.  |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Phone (      |          |
| 7.  |   | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)           | Email Phone  | <u> </u> |
| 8.  |   | Street:  City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)               | Email Phone  |          |
| 9.  |   | Street:  City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)               | Email Phone  |          |
| 10.   |   | Street:  City: Zip:   | □ Town □ Village □ City  | //20(Month) (Day) (Year)                | Email Phone  | <u></u>  |
| (Name of Circul   | Certification of the control of the | _l  |  |   | Circulators  |          |
| sonally circulated this recall petition and personally obta | tained each of the signatures on this paper. I know that t  | the signers are electors of the jurisdiction or district represented by the regidences given. I support this recall petition. I am aware that falsify | he officeholder named in this petition. I know that                | nat each person signed                  | Phone        | (        |

(Signature of Circulator)

(Day)

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.   | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING   | CC                       |
| 1 MICHAEL STURET   | muchael stuart  | Street: 2024 Madison St. City: Madison zip: 53711  | Town Village RCity Mad 550   | 1 13/2012.<br>(Month) (Day) (Year)                                  | Phone (608               |
| 2.   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)   | Phone (                  |
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| 5.   | •   | Street:  City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)                                       | Phone (                  |
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| 8.   |   | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)                                       | Email Phone              |
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| 10.  |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)   | Email Phone              |
| (Name of Circulersonally circulated this recall petition and personally ob | <i>clator</i> )<br>tained each of the signatures on this paper. I know that | tify): I reside at 409 405 emite Trace.  (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify | d Number) (Ctrculator I)   | o-US TY  Municipality) hat each person signed 13(3)(a). Wis. Stats. | Circulators, Phone Email |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

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|                           | onstitution and S.9.10 of the Wisconsin Statu<br>IG PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT  | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN  | NICIPALITY OF RESIDENCE MUST ALWAY  | S BE LISTED.                                 | PO B<br>Madi       |
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| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.   | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  | DATE OF SIGNING                              | CONT               |
| Elsie J. Purvis           | Else J Puris   | Street: GO2 SaugenTer#110 City: Mad(SON W1 Zip: 53705  | □ Town □ Village  → City Mad(SO 11  | 1/07/20 <u>12</u><br>(Month) (Day) (Year)    | Email Phone        |
| Elizabeth Gen             | Mon Elbruon  | Street Salvy Fer Her   | TiTown Strillage Madison ACity Madison  | 01/9/202<br>(Month) (Day) (Year)             | Email Phone        |
| Elisse Kinch              | Clisa Kinch  | street: 602 Sawyer Ter 41/<br>City: Madison zip: 53705   | Town   Village   MCity   Madison  | 01/07/2012<br>(Month) (Day) (Year)           | Email Phone        |
| Fronk I My                |  | Street: 602 Sawyer Topkac<br>City: Mason Zip: 72708  |   | / 7/2d <del>2</del> (Month) (Day) (Year)     | Email Phone        |
| Poter Theosen             | Ha Dessen  | street: 4706 Regent ST 46-18  City: Madison zip: 53705   | Town Village Strity Madison   | ( / ( 0/20 <u>12</u><br>(Month) (Day) (Year) | Phone ( )          |
| Dale Kloiber              | 0.00   | Street: 4732 Regart St. Apt 1081<br>City: Madson zip: 53765  | Town Village  | (Month) (Day) (Year)                         | Phone ( )          |
| ·                         |  | Street:  City: Zip:  | □ Town □ Village □ City   | / /20  | Email Phone        |
| 8.                        |  | Street: City: Zip:   | □ Town □ Village □ City   | / /20  | Email Phone        |
| 9.                        |  | Street:  City: Zip:  | □ Town □ Village □ City   | / /20(Month) (Day) (Year)                    | Email              |
| 10.                       |  | City: Zip:  Street:  City: Zip:  | □ Town □ Village □ City   | / /20(Month) (Day) (Year)                    | Email Phone        |
| Robert Earle              |  | of Circulator  History: I reside at 601 N. Midvale Blue  |   | OF<br>WI                                     | Circulators, plea. |
|                           | vulator)<br>btained each of the signatures on this paper. I know that the<br>dicated opposite his or her name. I know their respective f | (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying | and Number) (Circulator Menoficeholder named in this petition. I know the sying this certification is punishable under S.12.1 |  | Phone (6           |

(Signature of Circulator)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING             | G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI  | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN  | ICIPALITY OF RESIDENCE MUST ALWAYS   | BE LISTED.                         | Mad  |
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| PRINTED NAMES OF ELECTORS                     | SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.  | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village)   | DATE OF SIGNING                    | CONT                                       |
| 1 Janet Maro                                  | disponetralin   | Street: 607 5aw yertergo<br>Day: a of 327 Madison 5 3 705  | Drown - Children - Chi | / /7/20/2<br>(Month) (Day) (Yeas)  | Email Phone                                |
| 2.<br>Angela Breitsau                         | angela: Brethal   | Street: 602 Savyer Terra e fot<br>City: M. Son DI zip: 5376524   | Town Unillage City MadSom  | 1 / 7/2012<br>(Month) (Day) (Year) | Email Phone                                |
| BERYL GULLICKSON                              | Beryk Gullickson  | cis: Madison zip: 53705  | Town Village  City M codeson   | / /7 /20/2<br>(Month) (Day) (Year) | Phone ( )                                  |
| 3. #FRYL GULLICKSON  4. Galina Konovalova  5. | Rolls (Galina<br>Rondalova)   | street: 602 Sayyer Ter \$321  City: Madi 800 zip:53705   | U Town U Village  City Mad, Son  | //7/20/Q<br>(Month) (Day) (Year)   | Phone (608)                                |
| 5.  | , , , , , , , , , , , , , , , , , , ,   | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)      | Email Phone                                |
| 6.  |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)      | Email Phone ( )                            |
| 7.  |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)      | Email Phone                                |
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| 10.   |   | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)          | Email Phone                                |
|   | ulator) tained each of the signatures on this paper. I know that to icated opposite his or her name. I know their respective the signature of | of Circulator  ify): I reside at 2826 MASON  (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying the company of the co | officeholder named in this petition. I know the ng this certification is punishable under S.12.  |                                    | Circulators, plea<br>Phone<br>(()<br>Email |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee of PO Box 256

| THE MUNICIPALITY USED FOR MAILING | G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                      | NICIPALITY OF RESIDENCE MUST ALWAY                                 | S BE LISTED.                  | 1           | Madison, W                            |
|-----------------------------------|---|--|--|-------------------------------|-------------|---------------------------------------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                    | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING               |             | CONTACT INF                           |
| June Padgham                      | June Padgham                              | Street: 7603 Widgeon Wag   | □ Town □ Village   | 1/12/20/2                     | Email Phone |                                       |
|                                   | Jure I unifrum                            | city: Madison zip: 53777   | 1 doing Madison  | (Mouth) (Day) (Year)          |             |                                       |
| 2.                                |   | Street:  | ☐ Town ☐ Village   | / /20                         | Email       |                                       |
| <u> </u>                          |   | City: Zip:   | ☐ City   | (Month) (Day) (Year)          | Phone (     |                                       |
| 3.                                |   | Street:  | ☐ Town ☐ Village   | / /20                         | Email       |                                       |
|                                   |   | City: Zip:   | ☐ City   | (Month) (Day) (Year)          | Phone (     | )                                     |
| 4.                                |   | Street:  | ☐ Town ☐ Village   | / /20                         | Email       |                                       |
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| 5.                                |   | Street:  | ☐ Town ☐ Village   | / /20                         | Email       |                                       |
|                                   |   | City: Zip:   | City   | (Month) (Day) (Year)          | Phone (     | )                                     |
| 6.                                |   | Street:  | ☐ Town ☐ Village   | / /20                         | Email       |                                       |
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| 7.                                |   | Street:  | ☐ Town   | / /20                         | Email       | <del></del>                           |
| l                                 |   | City: Žip:   | ☐ Village ☐ City   | (Month) (Day) (Year)          | Phone       | )                                     |
| 8.                                |   | Street:  | ☐ Town   | / /20                         | Email       | · · · · · · · · · · · · · · · · · · · |
| ·                                 |   | City: Zip:   | □ Village □ City   | (Month) (Day) (Year)          | Phone (     | ,                                     |
| 9.                                |   | Street:  | ☐ Town   | / /20                         | Email       |                                       |
|                                   |   | City: Zip:   | □ Village □ City   | / /20<br>(Month) (Day) (Year) | Phone       | ,                                     |
| 10.                               |   | Cny: Zdp:  | □ Town   | 1 /22                         | Email       |                                       |
|                                   |   | Street:  City: Zip:  | ☐ Village ☐ City   | (Month) (Day) (Year)          | Phone       | ```                                   |
| - 0 1                             | Certification o                           | of Circulator  |  | <u> </u>                      |             |                                       |
| Telfrey L. Kro                    | Wat                                       | tify): I reside at 7618 With app Wa  | madica.  | $\mathcal{A}^{\prime}$        |             | <br> -                                |

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| I,        | Teffrey                         | (Name of Circulator)                                 |                                  |                                    | 7618 Widgeon<br>Circulator's Residence - Street in | name and Number)                      | (Circulator Municipality)  | Circulators, please include Phone |
| <u>Ol</u> | er with full knowledge of its c | content on the date indicated oppose $\frac{20/2}{}$ | site his or the name. I know the | it respective residences given. Is | support this recall petition. I am aware tha       | at falsifying this certification is p | n this petition. I know that each person signed punishable under S.12.13(3)(a), Wis. Stats.  Page No. (Official tree byly) | Email Collus                      |
|           | (Month) (Day)                   | (Year)   | 000                              | (Signature or Ci                   | irculator)   |                                       | # 000004   |                                   |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUNICIPAL | ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                          | NICIPALITY OF RESIDENCE MUST ALWAY  | S BE LISTED.                          | 1              | Madis  |
|-----------------------------------|---|---|---|---------------------------------------|----------------|--------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                  | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village)  | DATE OF SIGNING                       |                | CONTA  |
| 1. Roger Buffett                  | Froges Buffett                          | Street: 8626 Wood Violet Way City: Madison, WI zip: 53717                         | □ Town □ Village □ City  Mal  | // //5/20_//<br>(Month) (Day) (Year)  | Email Phone    | )      |
| 2. CANDACE O. BLOEDON             | Candace a blockow                       | Street: 1211 E, LAKESIDE DR City: ENGERTON Zip: 53534                             | Town MILTON  City   | (Month) (Day) (Year)                  | Email Phone (4 | 408)21 |
| 3.<br>Lucetta C. Kanetzke         | Lucetta C.Kanetyko                      | Street: 6333 Masthead Drive City: Madison zip: 53705                              | Town   Village   St City   Madrin   | 11 /16/20_1/_<br>(Month) (Day) (Year) | Email Phone (6 | 608)2: |
| 4. PHILLIP A. BLOEDOW             | Phal Hoedw                              | Street: 1211 E LAKESIDE DR<br>City: EDGERTON WI zip: 53534                        | □ Town MILTIN □ Village □ City  | / 16/20<br>(Month) (Day) (Year)       | Email Phone    | 608 Z1 |
| 5. Orthur Hass<br>ARTHUR NACK     | - Outhur Nach                           | Street: 550/ Ragent City: Marchison Zip: 53705                                    | Town Village City Working   | // /6/20_//<br>(Month) (Day) (Year)   | Email Phone    |        |
| 6. Gloria J. Boone                | Grown Havers                            | Street: 5119 Regent Street City: Madison zip: 53705                               | □ Town □ Village  City  When the control of the co | (Month) (Day) (Year)                  |                | 608) 2 |
| 7.                                |   | Street: City: Zip:  | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)             | Email Phone    | )      |
| 8.                                |   | Street:  City: Zip:   | □ Town □ Village □ City   | //20(Month) (Day) (Year)              | Email Phone    |        |
| 9.                                |   | Street:   | □ Town □ Village □ City   | / /20(Month) (Day) (Year)             | Email Phone    |        |
| 10.                               |   | City: Zip:  Street:  City: Zip:   | □ Town □ Village □ City   | / /20(Month) (Day) (Year)             | Email Phone    |        |
| Roger Buffett                     | Certification (                         |   | Madison, WI   | 53717                                 |                |        |

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residence given. I support this recall petition is punishable under S.12.13(3)(a), Wis. Stats.

| Phone | Ph

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

(Month)

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|                                      | nstitution and S.9.10 of the Wisconsin State | utes.<br>TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN               | ICIPALITY OF RESIDENCE MUST ALWAY                                  | S BE LISTED.                             | PO M                              |
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| PRINTED NAMES OF ELECTORS            | SIGNATURES OF ELECTORS                       | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                          | C                                 |
| Hatheway M. Hasler                   | Apolonay in Hada                             | Street: 3111 Pheasant Branch Rd City: Middleton Zip: 53562                     | □ Town □ Village EXCity  Middlate                                  | 14/18/20_11<br>(Month) (Day) (Year)      | Email<br>hathews<br>Phone<br>(608 |
| Frank Lordy                          | Annita Lardy                                 | Street: 1829 Thorstron of<br>City: Malion Zip: 53705                           | □ Town □ Village □ Citier M ander                                  | ///\$/20//<br>(Month) (Day) 9 ggr)//     | Email Phone                       |
| Lucille M. PHILLIPS                  | Lucille m Thillips                           | Street: 3111 Phoasant Branch Rd City: Middleton Wi zip: 53562                  | O Town O Village O City Middleton                                  | // /8 /20 <u>//</u> (Month) (Day) (Year) | Email Phone                       |
| Lucille M PHILLIPS<br>JAMES A. ESSER | Jams G &                                     | Street: 304 WORTHINGTON CT<br>City: WAUNAKEE W.F Zip: 53597                    | Town WAUNAKEE  | 12/27/20 <u>11</u> (Month) (Day) (Year)  | Phone (                           |
|                                      |  | Street:  City: Zip:  | ☐ Town<br>☐ Village<br>☐ City                                      | / /20<br>(Month) (Day) (Year)            | Phone (                           |
| <b>i.</b>                            |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20                                    | Phone (                           |
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| 0.                                   |  | Street:  City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)            | Email Phone                       |
| Hatheway Has                         | lator)                                       | of Circulator  | d Number) (Circulator  | Municipality) that each person signed    | Circulator<br>Phone               |

| Mad               | S BE LISTED.                                | LITY OF RESIDENCE MUST ALWAY                                       | THE NAME OF THE MUNICIPALIT             | TY OF RESIDENCE, IS NOT SUFFICIENT. THE N                       | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | THE MUNICIPALITY USED FOR MAILING |
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| G CONT            | DATE OF SIGNING                             | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) |   | STREET & NUMBER OR RURAL Rural address must also include box or | SIGNATURES OF ELECTORS                   | PRINTED NAMES OF ELECTORS         |
| Phone /           | 11 /17/204<br>(Month) (Day) (Year)          | /illage  | Z City                                  | Street: 3111 PAKASANT BRANCH City: M. POLLETON, WI Zin          | John Estielman                           | 1. JOHN M. ESHELMAN               |
| Phone ( )         | // /7/2011<br>(Month) (Day) (Year)          | Cown<br>/illage  | 5-35-62   Town                          |   | Mary L. Eholmeare                        | Mary L. Eshelman                  |
| Phone (668)       | /// 8/20_//<br>(Month) (Day) (Year)         | Village  | S City                                  | Street-311) PHEASANT BRAN<br>City: MIDDLET CA, WI Zin           | John 7 Retrange                          | JOHN F. PETRANYI                  |
| Phone ( )         | //24/20//<br>(Month) (Day) (Year)           | Village  | / Pkωy. □Town pkvilla, zip. 53597 □City | street: 903 Centennial,   | Mach a Petranez.                         | 4. Mark A. Petranyi               |
| Phone (608) &     | \\\24\/20\\\\ (Month) (Day) (Year)          | Village  | Zip: 53597                              |   | Mary K. Retrany.                         | 5. Mary K. Petranyi               |
| Phone ((o C 8 ) 8 | 17 /24/20 <u>[1</u><br>(Month) (Day) (Year) | Village .  | OSON Dr. Uyilla, TVCity                 | street: 1603 North thompson                                     | maylanius Riumote                        | 6.<br>Markevius Burnett           |
| Email Phone       | / /20(Month) (Day) (Year)                   | Village  | ☐ Tow. ☐ Villa ☐ City                   | Street:   |  | 7.                                |
| Email Phone       | / /20(Month) (Day) (Year)                   | Village  | ☐ Tow. ☐ Villa ☐ City                   | Street:   |  | 8.                                |
| Email Phone       | / /20(Month) (Day) (Year)                   | Village  | ☐ Tow ☐ Villa ☐ City                    | Street:   |  | 9.                                |
| Email Phone       | / /20(Month) (Day) (Year)                   | Village  | ☐ Tow ☐ Villa ☐ City                    | Street:   |  | 10.                               |

| 10.  |  |   |   | Street:  |  | □ Town  | / /20   |  |  |
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|  |  |   |   | City:  | Zip:   | □ Village □ City  | (Month) (Day) (Year)  |  |  |
| Certification of Circulator  |  |   |   |  |  |   |   |  |  |
| Hatheway   | Hasler   |   | , (ce   | ertify): I reside at 3111  | Pheasant Bran  | ch Rd \$206B  | Widdleton   |  |  |
|  | (Name of Circula   | tor)  |   | (Circu   | lator's Residence – Street na  | me and Number) (  | Circulator Municipality)  |  |  |
| personally circulated this recall<br>ne paper with full knowledge of | petition and personally obtain<br>its content on the date indicate | ned each of the signatures of<br>ted opposite his or her name | on this paper. I know the<br>e. I know their respecti | at the signers are electors of the<br>ve residences given. I support the | urisdiction or district represented<br>is recall petition. I am aware that | l by the officeholder named in this petion<br>falsifying this certification is punishable | tion. I know that each person signed the under S.12.13(3)(a), Wis. Stats. |  |  |
|  | 0 /2017  |   | Mathews   | (Signature of Circulator)  | va.  |   | Page No romide Use Only)  |  |  |
| (Month) (D   | Day) (Year)  |   | <b>4</b>  | (Organizate Of Circulator)   |  | !   | 40000   |  |  |

Circulators, plea

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |                                      |             |     |  |
|--|------------------------|--|--|--------------------------------------|-------------|-----|--|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                      |             | CON |  |
| 1. Royce Rood 2 Dylan capelle  | Projec Road            | Street: 812 65+ #303 City: Mon(oc zip: 53566                                   | D Town Village B City  Monroe                                      | 1 / 7 / 2012<br>(Month) (Day) (Year) | Email Phone | )   |  |
| 2 Dylan capelle  | Dag                    | Street: 110 N. Blart St #2  City: Mad 1507 Zip: 53203                          | Town Village City Mad (50 n  |                                      | Email Phone |     |  |
| 3. Kurt R Baumgarten   | fun Bount              | street: 4319 Drexel Ave<br>City: Madison Zip: 53716                            | Town Village RCity Madison   | (Month) (Day) (Year)                 | Email Phone |     |  |
| 4.   |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | (Month) (Day) / 20                   | Email Phone | )   |  |
| 5.   |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)        | Email Phone | )   |  |
| 6.   |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)        | Phone (     |     |  |
| 7.   |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)            | Email Phone |     |  |
| 8.   |                        | Street:  City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)        | Email Phone | )   |  |
| 9.   |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)            | Email Phone | - ) |  |
| 10.  |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)            | Phone (     | )   |  |
|  | Certification          | of Circulator  |  | ``                                   |             |     |  |

|                                      |  |  | City:  |   | Zip:  | ☐ City   |  | (Month) (Day) (Year)                | ( )  |
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| 10.                                  |  |  | Street:  |   |   | ☐ Town   |  | / /20(Month) (Day) (Year)           | Email  |
|                                      |  |  | City:  |   | Zip:  | ☐ City   |  |                                     | Phone ( )  |
| 1/100                                | 1) 0 (2.5  | Certification  | n of Circulato   | or  |   | M  |  | -                                   |  |
| KINA                                 |  | , (  | certify): I reside at _  | 3510  | Gregor  | yst.   |  |                                     | Circulators, plea  |
| onally circulated this recall petiti | ion and personally obtained each   | h of the signatures on this paper. I know t  | hat the signers are elect  | tors of the jurisdicti  | on or district represen   | <i>tame ana ivumber)</i><br>ted by the officeholder name   | d in this petition. I know t   | hat each person signed              | Phone  |
| per with full knowledge of its co    |  | osite his or her name. I know their respec   | tive residences given. I   | support this recall p   | petition. I am aware th   | at falsifying this certification   | ,  |                                     | Email  |
| (Month) (Day)                        | / <u>20   C</u><br>(Year)  | 7  | (Signature of C  | Circulator)   |   |  |  | Higial Use Only)                    |  |
|                                      | 8  |  |  |   | ®   |  | i  |                                     |  |
|                                      |  |  |  |   |   |  |  |                                     |  |
|                                      | onally circulated this recall petitive per with full knowledge of its constant of the constant | Name of Circulator)  onally circulated this recall petition and personally obtained eac per with full knowledge of its content on the date indicated opp | (Name of Circulator)  onally circulated this recall petition and personally obtained each of the signatures on this paper. I know their respectively the per with full knowledge of its content on the date indicated opposite his or her name. I know their respectively. | Certification of Circulate  (Name of Circulator)  onally circulated this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I  (Signature of Circulator)  (Signature of Circulator) | Certification of Circulator  (Name of Circulator)  (Name of Circulator)  (Circulator)  (Circulator's conally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction per with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition and personally obtained each of the signatures on this paper. I know their respective residences given. I support this recall petition are respective residences. | Certification of Circulator  (Name of Circulator)  (Name of Circulator)  (Name of Circulator)  (Circulator's Residence - Street of Street of Circulator on this paper. I know that the signers are electors of the jurisdiction or district representation of the signatures on the signature of the signature of Circulator. I support this recall petition. I am aware the O / 13 /2012  (Month) (Day) (Year)  (Signature of Circulator) | Certification of Circulator  (Name of Circulator)  (Circulator's Residence - Street name and Number)  (Circulator's Residence - Street name and Number)  (Name of Circulator)  (Circulator's Residence - Street name and Number)  (Signature of Circulator)  (Signature of Circulator) | City: Zip:    Town   Village   City | City: Zip:   Town   Village   City   Zip:   City   City:   Zip:   City   City |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10
Committee to Recall V
PO Box 2569

| THE MUNICIPALITY U                                | JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS |   |  | Madison, WI 53701                                   |
|---|---|---|--|---|
| NAME & SIGNATURES OF ELECTORS                     | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                      | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                            | CONTACT INFOR                                       |
| 1. Print: Susan J. Flemming sig Susan f. Themming | Street: / J J / ///// ES J',  | Town Village City  Neenah   | ///2/4/2011<br>(Month) (Day) (Year)        | Email Phone   |
| 2.  | city: Neenah zip: 54956   | (Municipality Name)   |  | Email   |
| Print: Christopher Harmood                        | Street: 2834 Pleasant Vw. #201  | Town Village City   | 11 / <b>Z6</b> /20 11 (Worth) (Day) (Year) | Phone   |
| Sign:   | City: Middleton Zip: 5356Z  | (Municipality Name)   | (William Court)                            | ( )   |
| Print: Janet Barr                                 | Street: 1533 AMPS St.   | ☐ Town ☐ Village    *********************************                           | 4/4/2011                                   | Email   |
| sign: Janet Barr                                  | City: NECNAh zip: 54956   | Neenan<br>(Municipality Nante)  | 11/26/2011<br>(Month) (Day) (Year)         | Phone ( )   |
| 4. Print: ALAN BERG                               | Street: 1531 AMES ST  | ☐ Town ☐ Village ☑ City   | H/26/2011                                  | Email   |
| sign: Chylony                                     | City: NEENAH 21p: 54936   | (Municipality Name)   | (Month) (Day) (Year)                       | Phone ( )   |
| 5. Brooke Berg                                    | Street: 1531 Ames St  | ☐ Town ☐ Village    City  | 11 /01/- 11                                | Email   |
| sign: Buche Buy                                   | city: Neenah, 23p. 54956  | (Municipality Name)   |  | Phone ( )   |
|   | Certification of Circulator   | <u></u>   |  | 4.4   |
| I, Eileen Harwood, (Printed Name of Circulator)   | (certify): I reside at <u>2834</u> Pleasant Vieu # 201<br>(Circulator's Residence - Street Name and No              | umber) Middleton (Circulator Muni   | icipality)                                 | Circulators, Please include your contact info in co |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis Stats.

(Month) / 12 /2012 Gignature of Circulator)

Page No. (Official Use Only)
()#() 1037

Please include your contact info in Phone

(608) 628-Email e; f harwood

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by January 10 Committee to Recall PO Box 2569

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                       |                   |  |  |
|---|--|---|-----------------------|-------------------|--|--|
| NAME & SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING       | CONTACT INFO      |  |  |
| 1.  Print: Laura Martin  Sign: Ly-  | Street: 1223 S. Grant Aw   | ☐ Town ☐ Village ★City  | 12/6/2011             | Email             |  |  |
|   | city: Janesville zip: 53546  | (Municipality Name)   | (Month) (Day) (Year)  | Phone (608 ) 563. |  |  |
| Print:  | Street:  | ☐ Town ☐ Village ☐ City   | / /20                 | Phone             |  |  |
| Sign:   | City: Zip:   | (Municipality Name)   | (Month) (Day) (Year)  | ( )               |  |  |
| 3.  | Street:  | ☐ Town ☐ Village ☐ City   | / /20                 | Email             |  |  |
| Sign:   | City: Zip:   | (Municipality Name)   | (Month) (Day) (Year). | Phone ( )         |  |  |
| Print:  | Street:  | ☐ Town ☐ Village ☐ City   | / /20                 | Email             |  |  |
| Sign:   | City: Zip:   | (Municipality Name)   | (Month) (Day) (Year)  | Phone ( )         |  |  |
| 5.  | -<br>Street:   | ☐ Town ☐ Village ☐ City   | / /20                 | Email             |  |  |
| Sign:   | City: Zip:   | (Municipality Name)   | (Month) (Day) (Year)  | Phone ( )         |  |  |
| I. Eileen Harwood (Printed Name of Circulator)  | Certification of Circulator  (Circulator's Residence - Street Name and         |   | air din               | Circulators,      |  |  |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

Please include your contact info in ca.

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| THE MUNICIPALITY USED FOR MAILING  | G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL  | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU   |   | S BE LISTED.                                |
|--|--|--|---|---|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.  | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)                            | DATE OF SIGNING                             |
| uk Nowacki   | Mol Navel  | Street: 2420 Independence h #211 City: Madison zip: 53704  | Town Usufage City MadiSou   | 11/23/20 <u>11</u><br>(Month) (Day) (Year)  |
| LEN L. George  | Mod Maved  | Street: 1015 COLLINS Rd City: Jefferson WI zip: 53549  | Town Village Tefferson  | /2 /05/20_11<br>(Month) (Day) (Year)        |
|  |  | Street: City: Zip:   | □ Town □ Village □ City   | / /20                                       |
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|  |  | City: Zip:  Street:  | ☐ Town ☐ Village ☐ City   | / /20                                       |
|  | Contification  | City: Zip:   |   |   |
| Circulated this recall petition and personally of ith full knowledge of its content on the date ind onth)  (Day)  (Year) | ulator), (ce plator), (ce plato | critify): I reside at 2825 king James V  (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the veresidence proper I support this recall petition. I am aware that falsify  (Signature of Circulator) | e officeholder named in this petition. I know ing this certification is punishable under S.12 | 2.13(3)(a), Wis. Stats.  Official Use Only) |

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                              | NICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                            | Ma                                    |
|-----------------------------------|--|--|--|---|---------------------------------------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.    | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                         | COI                                   |
| 1.<br>Christina Lovell            | Christia forcel                          | Street: 408 Parkwood #3 City: Madison WI Zip: 53714                                  | Town Utillage Madison  | 12/10/20 <u>11</u> (Month) (Day) (Year) | Email Phone                           |
| Michael Marwier                   |  | Street: 7748 HERMINA ST  | Town Village MADISAU   | /2/20//<br>(Month) (Day) (Year)         | Email Phone                           |
| Micheal Moona                     | Whethert Wadrson                         | City: MADISON W1 Zip: 53704<br>Street: 1311 M Kenn4 BUD<br>City: MAD 150N Zip: 53711 | Town Willage MADISCH   | (Month) (Day) (Year)                    | Email Phone                           |
| 4. Enoch & Ponter                 | 51 M. )                                  | Street: 7324 Country wood Ly City: Madison Zip: 53719                                | Town Utillage Deity Madison  | // /20 // (Month) (Day) (Year)          | Email Phone                           |
| 5.                                |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)           | Email Phone                           |
| 6.                                |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone                           |
| 7.                                |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20                                   | Phone ( )                             |
| 8.                                |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone                           |
| 9.                                |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone                           |
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| T1 M                              | Certification of                         |  | 11- 01 000 1   |   | · · · · · · · · · · · · · · · · · · · |

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| 6.   |  | Street:  | esp.  | ☐ Town ☐ Village  | / /20  | Email        |
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| 8.   |  | Street:  |   | ☐ Town ☐ Village  | / /20  | Email        |
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| 9.   |  | Street:  |   | ☐ Town ☐ Village  | / /20  | Email        |
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| 10.  |  | Street:  |   | ☐ Town ☐ Village  | / /20  | Email        |
|  |  | City:  | Zip:  | ☐ City  | (Month) (Day) (Year)   | Phone (      |
| -: 00  | Certificat   | ion of Circulator  |   |   |  | <u></u>      |
| EIEEN MASON (Name of Circul  | ator)  | (certify): I reside at 834 (Circulato  | or's Residence – Street name  | and Number)   | Circulator Municipality)   | Circulators, |
| rsonally circulated this recall petition and personally obta<br>paper with full knowledge of its content on the date indic | nined each of the signatures on this paper. I know their responsed opposite his or her name. I know their response | that the signers are electors of the jurish<br>ective residences given. I support this rec | diction or district represented by call petition. I am aware that fal | y the officeholder named in this pair<br>sifying this certification is punish | etition. I know that each person signed hable under S.12.13(3)(a), Wis. Stats. | Email        |
| $\frac{1}{\text{(Month)}} / \frac{13}{\text{(Day)}} / \frac{20 11}{\text{(Year)}}$   |  | (Signature of Circulator)  |   |   | Page No. (Official Use Only)   | Linan        |
| , ,  |  |  | 9   | 1-  |  |              |

| 0.  |   | Street:                            |   | ☐ Town ☐ Village   |                       | / /20                         | Eman             |
|---|---|------------------------------------|---|--|-----------------------|-------------------------------|------------------|
|   |   | City:                              | Zip:  | ☐ City   |                       | (Month) (Day) (Year)          | Phone            |
| 7.  |   |                                    |   | ☐ Town   |                       | / /20                         | Email            |
|   | ·<br>   | Street:                            |   | ── □ Village □ City  |                       | / /20<br>(Month) (Day) (Year) | Phone            |
| 0   |   | City:                              | Zip:  |  |                       |                               |                  |
| 8.  |   | Street:                            |   | ☐ Town ☐ Village   |                       | / /20                         | Email            |
|   | · /   | City:                              | Zip:  | ☐ City   |                       | (Month) (Day) (Year)          | Phone ( )        |
| 9.  |   | Street:                            | ·   | ☐ Town   |                       | / /20                         | Email            |
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| 10  |   | City:                              | Zip:  | <del></del>  |                       | ļJ                            | Email ( )        |
| 10.   | ·<br>I  | Street:                            |   | ☐ Town ☐ Village   |                       | / /20                         |                  |
|   | I   | City:                              | Zip:  | ☐ City   |                       | (Month) (Day) (Year)          | Phone ( )        |
|   |   | n of Circulator                    |   |  |                       |                               |                  |
| EILEEN MASON  |   |                                    | S. Gammon Rd  |  | MAS                   | 1500                          | Circulators, ple |
| (Name of Circula personally circulated this recall petition and personally obtain | nined each of the signatures on this paper. Lithow that | at the signers are electors of the | ulator's Residence – Street name a<br>jurisdiction or district represented by the | the officeholder named in  | (Circulator M         | hat each person signed        | Phone Phone      |
| e paper with full knowledge of its content on the date indica                     | ated opposite his or her name. I know their respective  | ve residences given. I support th  | is recall petition. I am aware that falsif  | fying this certification is r  | unishable under S.12. | 13(3)(a), Wis. Stats.         |                  |
| 1 / 13 /20 //   |   |                                    |   | and the same of th | r                     | Official Use Only)            | Email            |
| (Month) (Day) (Year)  | - +   | (Signature of Circulator)          |   |  | U!#394!               | <u>U</u>                      |                  |
|   |   |                                    | 9   |  | 1                     |                               |                  |
|   |   |                                    |   |  |                       |                               |                  |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |  |                                       | Mad              |
|--|--|---|--|---------------------------------------|------------------|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                       | CONT             |
| 1. Sarah E.C.<br>Peterson  | South E.C. Peters  | Street: 623 E. Circle St<br>City: Appleton WI zip: 54911                          | O Town O Village Apple ton   |                                       | Phone (970)      |
| 2. Pavad DReferson   | Cut Val  | Street: 623 E. Circle St  | Town Utiliage Secity Apple for                                     | // /2 u/20 /\ (Month) (Day) (Year)    | Phone (920)      |
| 3. Adarena Squires   | addrens Squir  | city: MADISON Zip: 53718  | □ Town □ Village ▼City Made Son                                    | /2 // ×/2011<br>(Month) (Day) (Year)  | Phone ( )        |
| 4. Erin Syth   | Elfe   | Street: P.O. BOX 242 City: Land O'Lakes 210: 64540                                | □ Town □ Village  ***********************************              | /2 /2/ /20 //<br>(Month) (Day) (Year) | Phone ( )        |
| 5.   | The state of the s | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Email Phone      |
| 6.   |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Email Phone      |
| 7.   |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | //20(Month) (Day) (Year)              | Email Phone      |
| 8.   |  | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)         | Email Phone      |
| 9.   |  | Street:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Email Phone      |
| 10.  |  | City: Zip:  Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Email Phone      |
| FRANKLYNN PETE<br>(Name of Circu   | Certification of Certif |   | REST MANSON nd Number) (Circulator N                               | Municipality)                         | Circulators, pla |

(Circulator Municipality)

(Day)

(Month)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. Know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or ter name. I know their respective esidences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|                           | G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | NICIPALITY OF RESIDENCE MUST ALWAYS                                | BE LISTED.                                | Madi                    |
|---------------------------|--|--|--|---|-------------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS                     | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                           | CONT                    |
| Robert S. dron            | Ma   | Street: 1107 Garfield Are Apt ) City: Madison Zip: 53711                       | Town Village ACity Madi'son  | O / 05/2012<br>(Month) (Day) (Year)       | Email Phone             |
| Caelan Switzky            | Callar Smithy                              | Street: 132 Onyx Court  City: Oregon zip: 53575                                | Town Willage Oregon  | 01/8/2012<br>(Month) (Day) (Year)         | Email  Phone  1-(608)-8 |
| Ellon Swibly              | ELLEN SWITZKY                              | Street: 6096 VIROQUA DR<br>CHY: FITCHBURG ZID 53719                            | Town Village FITCHBURG   | / 8/20 <u>12</u> (Month) (Day) (Year)     | Phone ( )               |
| Joyce (IHM) So            | IN Joge Kobels                             | Street: 2320 JACKSON ST. City: Stoughton zip: 53569                            | Town Village STOUGHTON   | / /8/20 <u>12</u><br>(Month) (Day) (Year) | Email Phone             |
| Dylan Goossen             | Dean Com                                   | Street: Fileboury April 5371   | Town Utillage Scity Fitchboog                                      | [ /8/2012<br>(Month) (Day) (Year)         | Phone ( )               |
|                           |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20                                     | Email Phone ( )         |
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| ) <b>.</b>                |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                 | Email Phone             |
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| 1. JULIE   | REEVES          | quie Reener            | Street: 319 8th Ave   |                   | □ Town   | 1/12/2012                     | Email   |              |
|  |                 |                        | city: New Glarus zip  | 53574             | City New Glarus  | (Month) (Day) (Year)          | Phone ( | )            |
| 2.   |                 |                        | Street:   |                   | ☐ Town ☐ Village   | / /20_                        | Email   |              |
| -  | <.              |                        | City: Zip   | p:                | ☐ City   | (Month) (Day) (Year)          | Phone ( | )            |
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| 5.   |                 |                        |   |                   | □ Town   | 1 /                           | Email   | )            |
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| 9,   |                 |                        | City: Zip   | p:                |  | (Month) (Day) (Year)          | Email   | )            |
| "  |                 |                        | Street:   |                   | ☐ Town ☐ Village   | / /20                         | Phone   |              |
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| Robert   | M. Ripcon       |                        | of Circulator  tify): I reside at N7977 D                           | ahlk E            | load Town of 1   | Down Glarus                   |         |              |
|  | (Name of Circu  |                        | (Circulator's Residence   | - Street name and |  | Aunicipality)                 |         | ators, plea. |

(Signature of Circulator)

(Day)

(Year)

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| 1. Erica Hay L 3 off   | Street: 746 Udanatane Ut 53711.  City: Zip:   | Town Makison Uvillage Genty 1712                                   | 1/7/2012<br>(Month) (Day) (Year)                      | Phone ( )           |
| Exica Taylor Rrica Sylv  | Street: 1305 Loreen DR.  City: Madi 300 Zip: 53711  | □Town □Village □City  □Mad·351                                     | / 7/20/2-<br>(Month) (Day) (Year)                     | Email Phone ( )     |
| Theila Allen Shoula allen  | street: 2025 Green way Cross  - City: Madison WI zip: 62713                                     |  | 1/ <del>7</del> /20 <u>12</u><br>(Month) (Day) (Year) | Email Phone         |
| Rodney Butter Hodney Butto   | Street: 6709 Schroeder Rd  City: Madison zip:53711  | Town Village MA dison  | 1/8/20/2<br>(Month) (Day) (Year)                      | Phone ( )           |
| "Sarah Saead Jauffaed  | street: 2652 Quartz pd.  city: Fitchburg zip: 53711   | Town Village Fitchburg   | /8/2012<br>(Month) (Day) (Year)                       | Phone ( )           |
| Telana Montgomery Selana Montey  | street: 4713 Schroecter Pd#4  City: Madison Zip: WI   | Town Village City Mach Son Cay                                     | 1 /8 /2012<br>(Month) (Day) (Year)                    | Email Phone         |
| JUA With Williams want Williams  | Street: 1357 2 vory M. W.   | Town (JE)   Village (JE)   City Sun prairie                        | / /9/20/2<br>(Month) (Day) (Year)                     | Email Phone ( )     |
| Robert S. Steele RShoth  | street: 601 Eugenin Aug   | Town Village MadeSen   | ////2012<br>(Month) (Day) (Year)                      | Email Phone ( )     |
| 9. Thomas tray tyear Fire A  | Street:  Lincxio City: Volumeer Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)                         | Phone ( )           |
| Transmitting treat   | Street: Chaok to City: Volunteer Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                             | Email Phone         |
| Im botman  | n of Circulator  ertify): I reside at 8/1 No gammon Rd  Circulator's Residence - Street name at | adison City of   | Madro   | Circulators, please |

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Commi PO Box Madiso OF RESULTIFE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING PRINTED NAMES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE CONTAC Rural address must also include box or fire no (Indicate Town, City, or Village) Email ☐ Town ☐ Village Phone Deity Email □ Town □ Village Phone ☐ City (Month) (Day) 3. Email □ Town ☐ Village Phone ☐ Citv Zip: Email ☐ Town ☐ Village I Charles Phone ☐ City (Month) (Day) (Year) City: Wolunce 5. Email □ Town ☐ Village Phone Lakit re □ City (Month) (Day) voitmieer City: Email 6. □ Town Street: ☐ Village Phone Uneck to □ City (Month) (Day) volumeer Zip: □ Town 20 ☐ Village □ City (Month) (Day) (Year) 8. Email ☐ Town Street: ☐ Village Phone ☐ City Zip: 9. Email □ Town 20 ☐ Village Phone птинеск то □ City (Month) (Day) Volunteer City: 10. Email Emaili □ Town ☐ Village Phone فتعامموا ثب Faanc ☐ City (Month) (Day) (Year) (Unionin) (Day) Volumeer **Certification of Circulator** Circulators, please distant Mane of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) Phone I personally circulated this recall petition and personally obtained each of the signatures on this paper, I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed mithe paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition: I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis, Stats.

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(Signature of Circulator)

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| 1. William H. Capelluro  | W. H- CASELLE   | Street: N8475 Linden Lane Otty: Now Glavus zip: W14   | Stown Exeter Othy   | // 10/20/2<br>(Month) (Day) (Year) | Email Cape Phone ( | <u>lla</u>    |
| 2. Chue V. Lor   | Chue V. Lo  | street: 305 Belle Ave  City: Belleville zip: 53508  | B-Village   Belleville  | //4/2012<br>(Month) (Day) (Year)   | Phone (            |               |
| 2. Chue V. Lor<br>3. Eouynbon  | Evendor   | Street: COO Rubens Care Dr<br>Chy: Albanu WI zip: 53508   | Town My   | 1 /12/2012<br>(Month) (Day) (Year) | Phone (            |               |
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| Tim Sage (Name of Circu  | , (ce   | n of Circulator ertify): I reside at  | and Number) (Circulator   | F 140NTYGFe or Municipality)       | Cir carac          |               |
| personally circulated this recall petition and personally ob<br>the paper with full knowledge of its content on the date ind | ulator) stained each of the signatures on this paper. I know the licated opposite his or her name. I know their repecti | (Circulator's Residence – Street name at the signers are electors of the jurisdiction or district represented by the ive residences given. I support this recall petition. I am aware that falsif | the officeholder named in this petition. I know iffying this certification is punishable under S.12 | w that each person signed          |                    | hone<br>(mail |

(Signature of Circulator)

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|  |  | Rural address must also include box or fire no.                             | (Indicate Town, City, or Village)                  |  |                  |
|--|--|---|--|--|------------------|
| 1.   | <u></u>  | Street: 543 Kari St.  | Town Belleville                                    | 12/2/20 <u>11</u> (Month) (Day) (Year) | Email            |
| Connie SmiThback                                       | Connie Smithbal  | CHY: Belleville ZIP: 53508  | City Default                                       | (Month) (Day) (Year)                   | Phone ( )        |
| 2.   |  | Street: 532 Village Dr. Apt #Z  | ☐ Town Village                                     | 12/22/20/1                             | Email            |
| Brenda Jelle   | Bil Jell   | chy: Belleville, WI zip: 53508  | acity Belleville                                   | (Month) (Day) (Year)                   | Phone ( )        |
| 3.   |  | Street: 4798 ESENHOWER ST   | ☑ Town □ Village                                   | 12/22/2011                             | Email            |
| HARRY L. NYE   | Harry J. Mye   | City: OREGOW Zip: 53575   | City OREGON  | (Month) (Day) (Year)                   | Phone ( )        |
| 4.   |  | Street: W 1835 Training Rd  | Town ☐ Village                                     | 1/2/20/2                               | Email            |
| Jim E. EITH 5. IYLER TOLLEFSON                         | James E. E. Eth  | City: Brushlyn zip: 5352  | City Brooklyn                                      | (Month) (Day) (Year)                   | Phone ( )        |
| 5. TYLER TOLLEFSON                                     | -1 -1  | Street: 304 Vine Street   | □ Town   | 1/5/20/12                              | Email            |
| 1/2 Form   | In JAM   | city: Belleville zip: 53508   |  | (Month) (Day) (Year)                   | Phone ( )        |
| 6.   |  | Street: 304 Vinc Street   | ☐ Town   | 1/5/2012                               | Email            |
| 10m Doran  | John John  | Caty: Belleville ZIP: 53508   | Ocity Belleville                                   | (Month) (Day) (Year)                   | Phone ( )        |
| 7.   |  | Street:   | ☐ Town ☐ Village                                   | / /20                                  | Email            |
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(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| · Killy FAHLY  | Killy Labry  | Street: 101 CENT DR  | ☐ Town  Village  7.47/6/6/6  | 1/7/20/12   | Email Phone |                      |
| q, v. · · ·  | / /  | City: BARNEVECT) Zip: 53507  |  | (Month) (Day) (Year)  | Email       | )                    |
| •  |  | Street:  | ☐ Town ☐ Village   | / /20   | Phone       |                      |
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|  | Cartificat   | tion of Circulator   |  |   |             |                      |
| Connie Pattins   |  | (certify): I reside at 18 E. School St.  | village of   | Belleville  | Circy       | u <b>lators</b> , pl |
| (Name of Circ  | irculator)   | (Circulator's Residence - Street nam   | Levels officeholder named in this petition I know                  | for Municipality) ow that each person signed 3.12.13(3)(a), Wis. Stats. |             | Phone (              |
| aper with full knowledge of its content on the date it | minicaled oblosic his of her hame, I know then 1-5 | by that the signers are electors of the jurisdiction or district represented the pective residences given. I support this recall petition. I am aware that far |  |   | '           | Email                |

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| Atticle Atti, Section 12 of the Wisconsin Co. | DUBBOSES WHEN DIEEEDENIT THAN MI INICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                                 | IICIPALITY OF RESIDENCE MUST ALWAY                                 | S BE LISTED.                          | Madis                    |
|---|--|---|--|---------------------------------------|--------------------------|
| PRINTED NAMES OF ELECTORS                     | SIGNATURES OF ELECTORS                     | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.          | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                       | CONTA                    |
| DAVID F. DOWN                                 | David J. Down                              | Street: 3395 SWANSEE RIDGE Chy: SUNPRAIRIE WI Zip: 53590                                | Arown Ovillage BURKE   | /2 //7/20//<br>(Month) (Day) (Year)   | Phone (608)              |
| Steven J. Haak                                | Steven J. Warah                            | Street: 254 Fritz Rd City: Belleville zip: 53508  | Distown Usillage City Montrose                                     | 13/17/20//<br>(Month) (Day) (Year)    | Phone (60%) 7            |
| 3. Alam R. Paris                              | Sheim R. Pars                              | Street: 13443 Cty Hay W<br>City: Belleville zip: 53508                                  | City Exeter  | 1/4/20 <u>1/</u> (Month) (Day) (Year) | Phone (608) 4            |
| 4.  |  | Street: City: Zip:  | □ Town □ Village □ City  | //20<br>(Month) (Day) (Year)          | Phone ( ) Email          |
| 5.  |  | Street: City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)         | Phone ( )                |
| 6.  |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)         | Phone ( )                |
| 7.  |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Phone ( )                |
| 8.  |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)         | Phone ( )                |
| 9.  |  | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Phone ( )                |
| 10.   |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)             | Phone ( )                |
| Robert A. Pari                                | Certification , (cer                       | of Circulator rtify): I reside at W3443 Cty Rd. (Circulator's Residence - Street name a | W Exeternation (Circulator   | r Municipality)                       | Circulators, pleas Phone |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day)

(Month)

auis (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Retur Comm PO Bo Madis

| THE AUDICIPALITY LISED FOR MAILING P | PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNI                       | CIPALITY OF RESIDENCE MUST ALWAYS                                  | BE LISTED.                                   | Mad                   |
|--------------------------------------|---|--|--|--|-----------------------|
| PRINTED NAMES OF ELECTORS            | SIGNATURES OF ELECTORS                    | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                              | CON                   |
| 1.<br>Stand Wagner                   |   | Street: 3425 Richard St.  City: Madison Zip: 53714                             | MOUISSA  | 12   28 20 <u>11</u><br>(Month) (Day) (Year) | Phone ( )             |
| MARI KATZENMEYER                     | m Oft                                     | Street: 113(6 N. UNION Rd.  City: Brooklyn, Wi. Zip: W_53321                   | BTown UNION □ City   | 12/28/2011<br>(Month) (Day) (Year)           | Phone ( )             |
| 3. Dolon's Higgins                   |   | Street: 4900 Roigen City: Monona, zip: 5,37/4                                  | Town Utillage City  Monora   | /2  28   20 _//<br>(Month) (Day) (Year)      | Phone ( )             |
| 4. Lelainia O'Mara                   | ( ) Warner ( ) ( ) ( )                    | street: 965. Holmen Drive to   | Holmen City  | 12-28/2011<br>(Month) (Day) (Year)           | Phone ( )             |
| 5.<br>Robort Funuso                  | <u> </u>                                  | street: 3533 Margaret Street  City: Madicon zip: 53714                         | Town Village RCity MGA 1827  | 12 /28/2011<br>(Month) (Day) (Year)          | Email Phone ( ) Email |
| Daniel S. Hoeld                      | Same S. Hard                              | Street: 805 E centerst City: Juneau Zip: 53039                                 | Town Fyillage City   | 12 \$ 6/2011<br>(Month) (Day) (Year)         | Phone ( )             |
| 7. Angela Johnson Colbat             | angelol Callet                            | Street: 706 Eastwyn Bay Dr. City: Mequon zip: 53092                            | Town Village Meguon  | 12/30/2011<br>(Month) (Day) (Year)           | Phone ( )             |
| 8.<br>Lindr Moork                    | Ju mon                                    | Street: 1673 MAPLE LN City: Shelor gan Zip: 53084                              | Town Village City  | /2 /30/20/11<br>(Month) (Day) (Year)         | Phone ( )             |
| 9.                                   | 3. An Moure                               | Street: 1673 MAPLE & MARLE City: 5HEBOG GAN Zip: 53061                         | Village W. 150~  | /2 /34 20//<br>(Month) (Day) (Year)          | Phone ( )             |
| 5teplen Mauris 10.                   | · · · · · · · · · · · · · · · · ·         | Street:  City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)                | Phone ( )             |
| Kenneth J. Robert                    | Certification                             | City:  | Id Number) Town of (Circulator)                                    | Exeter<br>Municipality)                      | Circulators,          |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Name of Circulator)